ILLINOIS AND INDIANA

MEDICAL AND SURGICAL JOURNAL.

Vol. I. NEW SERIES.—JUNE, 1846. No. 2.

PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

An Essay on Delirium Tremens. By Lieut. Edwin Ramsey Long, M. D., U. S. Army.

[The following Essay, left in manuscript by our lamented friend, whose obituary appeared in our last No., though unpretending in its character, is intrinsically worthy of an attentive perusal by all, and will be especially acceptable to his numerous friends, who may wish to possess a memorial of one, estimable both as a companion, and an enthusiastic votary of science.

In it are expressed his views upon the nature and treatment of Delirium Tremens—the results of numerous observations made upon this disease, during his long and honorable official connection with the army of the United States, and, though made previous to his becoming a member of the medical profession, the conclusions, as will be seen, harmonize fully with views entertained by many of our most experienced and scientific men. W. B. H.]

Delirium Tremens.—As there has existed, and does still exist, a great diversity of opinion in the Medical Profession, as to the pathology and treatment of this disease, I deem it an appropriate subject for some speculations of my own. Although I have not the presumption to believe that I can set at rest the various mooted questions involved, yet, perhaps, I may at least, by a careful examination of the subject, be able to expose some unfounded theories which have obtained some repute, and which, unfortunately, have in some instances given

rise to very injudicious treatment. In order to do this I shall make a sketch of the various phenomena exhibited in the course of the disease; of the several modes of treatment that have been most in vogue; and of the facts brought to light by autopsical researches.

In considering the several modes of treatment, in connection with its true pathology, we will be forcibly struck with the wide difference of opinion, entertained by men of undoubted ability, of great scientific acquirements, and long experience in the treatment of this malady. And it is not asserting too much, to say that there are few maladies which exhibit in their history and treatment, so much empiricism and professional dogmatism; or which so forcibly exemplifies the folly of "prescribing for names instead of diseases." While one asserts that it is a disease of simple debility, requiring no other treatment than simple stimulants, another affirms—not so, but we must view it as a case of nervous irritability, calling for the specific use of opiates. Another declares that it is nothing more nor less than an acute inflammation, and should be treated accordingly; and a fourth gravely tells us that it requires no treatment at all, but if let alone will heal itself. How are these conflicting opinions to be reconciled? Are they the opinions of men whose standing in society entitles them to respect? To satisfy ourselves on this point, we have only to refer to the standard text books of Medical Schools. But why so great a diversity of opinion? Is the disease of such a mysterious character as to elude the scrutiny of the laborious investigations that have from time to time been bestowed upon it? Have the theorists based their speculations upon facts discovered by faithful post-mortem examinations? I am far from believing that all of these were empirical in their practice, although it cannot be denied, that among a vast number of the profession, opium has been as much regarded as a specific for delirium tremens, as quinia for febrile intermittents. But I think the great error has been in individuals basing their theory and practice solely upon their own observation and experience, instead of availing themselves of the more extended observations of the profession at large. For instance, we hear of one that has made many post-mortem examinations of the victims of this disease, who has invariably found unequivocal evidence of acute gastritis,—he con-

cludes that this is the true character of the disease, and in future directs his treatment to this peculiar lesion of the stomach. Another has made as many examinations and finds the same conclusive evidence of cerebritis or meningitis, and of course recommends another treatment. A third has seen many cases, terminating fatally, which did not exhibit a single vestige of organic lesion. Notwithstanding these opposing views, I am of the opinion, that upon taking a more general view of all the facts developed by modern pathology, that we can in some measure reconcile them to each other, notwithstanding the conflicting and opposing deductions that have been drawn from them. And if we are not so fortunate as to determine with certainty the true pathology of the disease, upon which to base a rational course of treatment, we, at least, may be able to say what it *is not*, if we cannot precisely say what *it is;* and to establish some landmarks, which, if they serve not to point out with exactness the true channel to the adventurer, may admonish him of the localities of certain quicksands that might endanger his craft, or prejudice the interest of his proprietors. And it may not be amiss here to observe, that notwithstanding the inestimable advantages derived from the labors of late pathologists by the enlightened practitioner, and while we would recommend to every one, to regard this branch of his profession as the most faithful pilot to direct him through the labyrinths of theories and speculations, through which he must inevitably pass in his pursuit of truth, yet it would be hazardous for any one to assert whether the treatment of delirium has been benefitted or not, by the disclosures of morbid anatomy, from the fact before referred to, that many have predicated theories upon their own observations, instead of those made in common by the profession. But let us proceed to our investigation. "Delirium tremens (says Eberle) is a variety of mental disease characterized by inquietude, tremors, continued watchfulness, cool skin, perspiration, delirious loquacity, and sensorial illusions." Again he says: "The disease commences with lassitude, general indisposition, a feeling of *distress in the epigastrium*, nausea and vomiting, a sense of confusion in the head, a want of sleep, and anxious expression of countenance."

"So long as the customary quantity of stimulus is taken, it seldom or never supervenes, but if from sickness, or tempo-

rary disgust, the ordinary potations are left off, the activity of the brain becomes morbidly increased, and mental disorders, in many instances arise." "It is important to bear in mind, (says Dr. Coates,) that the disease is the result, not of the application, but of the sudden intermission of these articles. At a certain stage of the disease the patient begins to manifest mental disorders, become loquacious, says he feels well, and is tormented with a continued succession of various alarming, disgusting, and ludicrous apparitions.

"When the disease supervenes upon a pleurisy, or other inflammatory affection accompanied with pain, the principle disease seems to disappear, even to the eye of the experienced practitioner, to be reproduced in a later period, when the brain and nerves regain their ordinary tranquility. The pulse in this disease, varies considerably in different cases. In some instances it is *hard*, *full*, and *frequent;* but much more commonly, soft, full, and quick, without strength or tension. The tongue is humid, and covered with a white fur. The *bowels* are *torpid*, and there is usually a *loathing of food* through the whole of the disease, but the *thirst for cold drinks* is *almost always* considerable. It appears to be generally conceded that the disease has its primary and essential location in the sensorium commune, and is wholly independent of inflammation of this organ. It would seem to consist of a purely dynamic disorder—a morbid activity of the brain, from the sudden abstraction of ordinary stimulus, by which its excitability had been long depressed or blunted." Dr. Coates considers it as consisting of a heightened activity of the sensorium, from a generation of an inordinate activity of the brain.

Dr. Klapp has published a number of cases with observations, going to show that the proximate cause or seat of the disease is *in the stomach.* It is asserted that dissections show that traces of previous inflammation existed in the stomach, and nearly in all instances, nausea, vomiting, and foul tongue occur, and that the operation of an emetic brings off a viscid, light brown fluid, of the *consistence* of *tar*, from the stomach, and that finally, this disease yields more easily and frequently under this treatment than any other. "With regard to the foul tongue and other evidences of gastrites, Dr. Coates found them generally absent." "Dr. Sutton mentions them only as symptoms accompanying the disease, when it occurred in

connection with other diseases." Dr. Stokes says, "you have all seen cases of delirium tremens, but perhaps are not aware that it may arise under two opposite classes of causes. In some cases a patient who is in the habit of taking wine or spirituous liquors every day in considerable quantities, meets with an accident, or gets an attack of fever. He is confined to his bed, put on an antiphlogistic treatment, his liquor stopped, and an attack of delirium tremens comes on, and symptoms of high cerebral excitement appear. Another person not in the habit of frequent intoxication, takes to a fit of drinking, and is attacked with delirium tremens. In the first case, the delirium arises from the want of the accustomed stimulus —in the second the disease is different, and consequently, in this view, it would be a manifest departure from sound practice, to treat both cases alike. In the first variety, when the disease arises from the want of the accustomed stimulus, there is no doubt that patients have been cured by the administration of the usual stimulus. Indeed, this seems the best mode of treating this form of disease. But is it proper or admissible in the second variety, when the disease is caused by an occasional excess in the use of ardent spirits, yet in many cases, a man who has been attacked by delirium tremens after a violent debauch, is ordered a quantity of porter, wine, brandy, or opium, and the worse he gets the more is the quantity of stimulants increased. Let us consider what the state of the case is. A large quantity of stimulant liquors have been taken into the stomach, the mucous surface of that organ is now in a state of intense irritation, the brain and nervous system in a highly excited condition. Are we to continue this stimulation? What would be the obvious result? Increased gastritis, encephalitis, or menengitis. This superventon of an inflammatory condition of the brain is not understood by many physicians. They go on administering stimulant after stimulant, totally unconscious that they are bringing on decided cerebral inflammation. I have witnessed the dissection of a great many persons who died of delirium tremens, and one of the most common results of the dissection was unequivocal marks of inflammation, both in the *stomach* and *brain.* But there have been cases in which no distinct mark of gastric inflammation could be discovered. In all

cases, however, when the delirium supervenes on an excessive debauch, there is more or less of gastritis, and though a patient may occasionally recover under such circumstances, under the stimulant treatment, yet I am convinced the physician will frequently do harm by adopting it. This complication of gastritis, is exceedingly curious in another point of view, as it illustrates how completely the local symptoms are placed in abeyance, and as it were, lost during the prevalence of the strong sympathetic irritation. The patients abdomen may not be tender, the tongue may not be red, the symptoms present may be indicative of cerebral affection, and yet a gastric inflammation be going on all the time, and all the appearance of cerebral disease be removed by treatment calculated to subdue an acute gastrites. Is all this theory? No. For we have practised on this principle of treatment with extraordinary success in the Meath Hospital; we have seen violent outrageous cases of delirium subside by the application of a few leeches and internal use of iced water, without a single drop of laudanum. On the other hand, when a stimulating plan of treatment was employed, and the patient died, we have most commonly found inflammation in two places—in the stomach, and in the brain or its membranes. The rule, then, is, in a case of delirium from the want of the customary stimulus, use the stimulant and opiate treatment; but when it comes on after an occasional violent debauch, such remedies must be extremely improper. Adopt here everything calculated to remove violent gastric irritation."

With regard to blood-letting, an eminent author informs us that when it has been principally relied on, he has observed a fatal termination of the disease in almost every case. Dr. Armstrong has known, in cases where the constitution was not shattered by repeated intoxication, early and moderate blood-letting of much use. Another says emetics deserve more attention as curative means in delirium tremens, than other remedies that have been employed, with the exception of opium. "Cupping about the head, may, under some circumstances prove useful." "In an instance, I, (Dr. Eberlie) attended about six months since, when there was turgescena of the head, and a state of delirium approaching raving phrenitis, immediate and decided benefit was derived from cupping."

"Blisters will also do good when applied to the legs, in cases attended with violent cerebral excitement."

From the foregoing extracts which set forth the views of some of the most eminent authors, relative to the pathology and treatment of delirium tremens, I make the following deductions, viz: 1st. In *every* case there is found a peculiar morbid state of the sensorium commune, either dynamic or adynamic, manifested by delirium, tremors, sleeplessness and mental illusions. 2d. In a vast proportion of the cases, decided evidences of gastrites, or other more serious lesions of the stomach, such as ulceration, scirrhus, &c., are found.

3d. That in other cases, where there is no marks of inflammation or ulceration of the stomach, there is noted a marked derangement of the digestive apparatus, such as foul tongue, nausea, &c.

4th. Not unfrequently traces of active inflammation of the brain, or its meninges, have been developed by autopsical researches.

5th. Torpor and impacted state of the bowels are not unusual, they being filled with feculent matter, and irritating secretions.

Such, then, being the prominent features of the disease, what is its pathology or essential nature? To determine this we must proceed on the principle of exclusion. It is, very obviously, an organic lesion of the stomach, or other part of the alimentary canal,—of the brain, or a peculiar morbid excitement of the nervous system, independent of inflammation in any tissues of the body.

Commencing with the first of them, we have it well authenticated, that cases of this disease which have terminated fatally, have been observed where no evidences of inflammation of the stomach was to be found, the same may be said of the intestines, and the brain, with its meninges; hence we conclude that the disease does not necessarily involve a lesion of either of these organs. But is there a case on record, in which the peculiar morbid excitement of the nervous system, as manifested by signs just enumerated, was not prominently and *invariably* presented? If not, are we not warranted in the conclusion, that this is the pathognomonic trait of the disease, without which it has no existence. All the other most prominent and common associations, may be wanting, and still

these phenomena are found, the former are not therefore essential parts of the disease, but may, and frequently do accompany it. For, although it may be said that a case of delirium tremens, in which they are not found is extremely rare, yet *one* well established case, is of itself sufficient to demonstrate that these lesions are not essential to the disease; we therefore assume that the malady is essentially one of the nervous system.

We are now ready to consider the various methods of treatment that have been most commended. In view of the facts that we have just exhibited, we have a disease of the nervous system, but almost invariably complicated with inflammation of the brain or stomach, with torpidity and loaded condition of the intestinal tube, for which, some have recommended the exclusive use of stimulants, others, opiates, others again, emetics, and a fourth class, equally strenuously advocating the antiphlogistic plan, not applying one or the other according to the varied symptoms of the case, but *one* and alone, single handed, decrying all others as useless or decidedly pernicious. Such practice is too absurd to need comment. If instead of pursuing this course, we adopt the more rational one of discarding all empiricism, and selecting remedies according to the varied features of the case, we will find that it is no difficult matter to determine upon a plan of treatment that will not disappoint our expectations in the result. In the first place, if we meet with a simple uncomplicated case of delirium tremens, as the disease is located in the nervous system, we have only to resort to such remedies as experience has found to be most effectual in controlling nervous symptoms, such as opiates, camphor, and the like. But as we seldom meet with such cases, but find them most usually connected with organic lesions of other tissues, we must primarily direct our attention to the investigation of these. By refering to the foregoing extracts we see cerebritis, gastritis, and impacted bowels are the most frequent morbid associations, and consequently our first object is the removal of them, using for this purpose those remedial agents that are best suited to accomplish these ends.

As gastritis is the *most* common complication, with a full abdomen, we should make it a primary consideration to relieve the latter without aggravating the former. For this reason we

should not use cathartics, but give the preference to enemata, inasmuch as cathartics will inevitably increase the irritability of the stomach, and if inflamed, may occasion an incurable lesion of that organ. But in the event of there being a full, hard, tense pulse, bleeding should never be omitted, and if, superadded to this, there are marks of a strong determination of blood to the head, cups, or leeches will be advisable. Venesection, if practised, should precede other remedies. Should, however, a foul tongue, nausea, and other symptoms manifest a general derangement of the digestive organs, and no indication of gastritis be found, an emetic will do essential service. Having, then, premised venesection and emesis, when warranted by the symptoms just given, we will find no remedy so effectual as a moderately stimulating injunction, by bringing away the vitiated matters lodged in the intestinal tube, which, perhaps, more than any other contingent disorder, tends to keep up the nervous irritability and mental hallucinations. Having cleared the bowels, we should next address the appropriate remedies to the stomach, to subdue any inflammation that may be indicated, such as iced water and leeches, bearing in mind, however, that we use not this, nor any other remedy without a special indication by present symptoms, unless, perhaps, we have reason to suspect the existence of such disease that is masked by the predominant power of cerebral inflammation, and in this malady, as gastritis, is not unfrequently covered by inflammation of the brain, it may not be amiss to use some counter irritants or revulsions to the stomach, as a precautionary remedy.

After removing by suitable remedies, all contingent or accidental disorders that we may find connected with the primary malady, which, as we have before stated, seems to be undoubtedly located in the nerves, we may now venture to administer such remedial agents as we have found to be most effectual in controlling morbid derangements of these tissues, such as opium, camphor, asafœtida, &c., and if we have been successful in the removal of what may be termed the collateral or contingent disorders, we will find that the primary or nervous malady will readily yield to this treatment, and our patient will soon fall into a refreshing sleep, that may be regarded as a favorable crisis of the delirium.

A moment's consideration of the several modes of treatment

that have found most favor with practitioners, will show us at once why they have sometimes been successful, and at others totally inefficient or decidedly prejudicial. The truth is, that each of them is good in its place, and no one of them always applicable. It would be just as absurd to use opiates or stimulants invariably in all cases of this disease, as it would be to apply the like remedies to all cases of remittent fever, and precisely for the same reasons. We must discard all notions of empiricism, and be governed by established maxims of therapeutics, as much in this as in other maladies.

We are surprised to see that even Dr. Stokes seems to think that there are only two remedies necessary in this malady, one to remove gastritis, the other, the class of stimulants applicable to an opposite condition of the system. Now I contend, that there are cases where it would not be proper to use either of them; for instance, when the bowels are torpid and full of vitiated accumulations, what effect would iced water and leeches, to the stomach, on the one hand, or enormous doses of opium, on the other, have in subduing the nervous excitability? This is a case calling for enema. Hence we see the propriety of selecting, in every case, such remedies as are indicated by present symptoms.

From the foregoing we conclude, that not the stimulating—the bleeding—the purging—or the antiphlogistic treatment is to be recommended *singly* or exclusively, but *each* or *all* of them as circumstances may render necessary and proper.

ARTICLE II.

Amputations for Scrofulous Diseases of the Joints. By Daniel Brainard, M. D., Professor of Surgery in the Rush Medical College.

Among the most certain and cheering signs of the progress of Surgery, is the fact that many diseases, supposed formerly to require operations for their cure, are now treated with equal success without a resort to the knife.

Scrofulous disease of the larger articulations is among this number. It is but a few years since, nearly every case of it was supposed to require amputation, and surgeons were enjoined to resort to it early, in order to prevent the effects of

extensive suppuration. More recently this rule was modified and we were directed to wait until, from the effects of disease, the life of the patient was in imminent danger, when suppuration, emaciation, diarrhœa, and night sweats, were supposed to fortel impending dissolution. Quite lately it has been questioned whether, even under these circumstances, recovery without an operation might not take place; and the advocates of this opinion are at present numerous, and are yearly increasing. Convinced that this is the case, and knowing that limbs are still occasionally sacrificed, even before suppuration has taken place, we propose here to detail some cases where recovery without amputation has taken place, under circumstances, where from the established rules of practice, this might have been supposed to be impossible.

The following extracts from standard authors, may be considered as expressing the general opinion of surgeons at the present time.

"When the disease has got into this state, the constant pain, irritation, and discharge, bring on hectic symptoms of the most destructive kind, such as total loss of appetite, rest and strength, profuse night sweats, and as profuse purging, which foil all the efforts of medicine, and bring the patient to the brink of destruction." "It is an incontestible truth, that patients thus situated must perish, and it is equally true, that numbers in the same circumstances, by submitting to the operation, have recovered vigorous health."—*Cooper's Surgical Dict.* Vol. I. Art. Amputation.

"If, then, the articular capsule is fungus or full of pus, if fistulous ulcers transmit externally fetid pus, if the bones, cartilages, and tendons are changed, if the bones are separated, if there is great pain, loss of sleep, night sweats, hectic fever and diarrhea, conducting the patient to the brink of the tomb, amputation is formally indicated."—*Dict de Med.* Vol. II. Art. Amputation.

There are many, indeed the greater number of surgeons, who do not wait for all these symptoms, and yet it is probable that of those affected with them, as great a number recover without amputation as with it.

The following cases will show the foundation of such an opinion.

Case I.—*Inflammation of the knee, of three months standing,*

caries of the bones and suppuration; recovery without amputation.—Feb. 21, 1838, I was called to visit J. B., a boy of 12 years of age, of scrofulous habit, affected with inflammation of the right knee. The history of the case, as far as ascertained, was as follows: About three months previously he had a fall, and injured the joint slightly. This was soon followed by slight pain, gradual enlargement and heat, which, increasing, gave rise to constitutional irritation. He was treated with antiphlogistic remedies, but the disease of the joint progressed until the period when I saw him, when it presented the following appearances. The entire limb was much swollen from the toes to the hip, and about the knee there was redness and exquisite tenderness. Several points presented distinct fluctuation, which extended to the popliteal space, downward upon the sides of the leg, and upward to near the hip.

There was great emaciation, dry tongue, frequent pulse, chills and profuse night sweats, with diarrhea.

Free openings were made about the joint, which gave exit to an immense quantity of thin, whey-like pus, and on passing a probe, the articulur surfaces of the tibia and femur were found rough and carious. The patient was put upon the use of acids, bitter tonics, and anodynes to allay pain, but for two weeks no improvement took place. Amputation was then proposed, but the terror it excited in the patient, and the great aversion of the parents, prevented its acceptance. He was accordingly continued upon a tonic course, and as the serous discharge from the joint and the adjoining purulent foci, was abundant and offensive, these were freely injected with a solution of sul. copper, gr. jv to the oz. of water. For two weeks longer, scarcely any change could be perceived, but at the end of this time a diminution and improvement in the quality of the discharge was noticed. Soon after, the great tenderness having been diminished, a many tailed bandage was applied from the ankle to the hip, so as to remove the edema, and compress the purulent cavities.

As soon as the stomach could retain it, rich beef soup was given. Under this course of treatment there was a gradual improvement, and at the end of June—more than four months from the commencement of the treatment—he was able to walk on crutches,—the knee being anchylosed in the straight

position. With the exception of this anchylosis, entire recovery took place, and the young man is at the present time (1846) able to follow a laborious occupation.

Case II.—*Scrofulous disease of the ankle of six years standing, suppuration and caries; recovery without amputation.*—Hogan, aged about thirty years. This was a case of scrofulus disease of the ankle, of six years standing, which came under treatment in the dispensary of the Medical College at Chicago, in the winters of 1843, '44, and '44, '45. Suppuration had continued for a long time, but at length ceased. The limb was emaciated, the joint enlarged,—stiff and cold, and the member quite useless. The general health was much impaired, but there were no symptoms indicating danger to his life. He had been an inmate of many hospitals, and amputation had been advised, which he declined from timidity. He was put upon a good diet, with hyd. potass, gr. x, twice daily. This was continued at intervals, for several months. A firm immovable apparatus of starched cotton rollers, was applied so as to effect the following objects, viz: preserve perfect immobility of the ankle, gently compass it and preserve its temperature. This treatment was persevered in eighteen months, at the end of which time, only a stiffness and rigidity —the effect of the disease—remained, and in March, 1846, he was in good health, using the limb freely, and pursuing an active employment.

Case III.—*Chronic Scrofulous disease of the knee, of long standing, suppuration; recovery without amputation.*—July 6, 1843, prescribed for F. M., a girl of 12 years of age, affected for many years with an enlargement of the inferior extremity of the right femur, attended with flexion of the leg to an angle of 45° with the axis of that bone. There was pain, slight and occasional, heat moderate, synovial effusion into the joint considerable, with impaired digestion, and an irritable debilitated state of the constitution. She was put upon a course of tonics with good diet, free exercise in the open air, while the knee was preserved in a state of perfect immobility, and protected from changes of temperature.

For upwards of a year the state of the disease, and the general health improved, so that she commenced to use the limb. This was followed by a return of the heat, pain, and swelling, in a greater degree than before, and notwithstanding

that these were combatted by repose and antiphlogistic treatment, extensive suppuration took place, and a free opening was made with the caustic potash, upon the outside of the joint, Feb. 1, 1845.

Free suppuration, with all its local and constitutional effects, was established, and the same treatment adopted as in the first case, and at the end of five months from the time of making the opening, it was entirely healed, the general health good, and only a false anchylosis, in a partially flexed position remaining. By the use of gently extending means, this is so much removed, that she walks without difficulty, her general health is excellent, and but a few weeks more will be required to entirely straighten the joint.

CASE IV.—*Caries of the Ankle. Long continued suppuration with hectic fever. Amputation and recovery. Return of the disease in the form of tuburcular consumption. Death.*—This case being one in which we were only called occasionally to consult, we were only acquainted with the most prominent facts and not with the details.

It was first seen July 13, 1841, and presented at that time the usual appearances of that articulation when affected with long continued caries and suppuration.

There was also hectic fever with its usual attendants, emaciation, diarrhea, &c. Amputation was performed by the attending surgeon, on the 18th of August following; the stump healed well, and the patient soon recovered his usual *embonpoint* and health. Symptoms of phthisis, however, soon developed themselves, and when last visited by us in February, 1843, he was in the last stage of that disease, and died soon after.

Cases like the last are unfortunately extremely common; so much so, that we doubt whether there is any surgeon in considerable practice, whose experience would not furnish several cases of the same kind. Instead of reporting them as we could from our own practice, we prefer to select some from the experience of others. The following are from Brodie on the diseases of the Joints, page 214. "A girl was admitted into St. George's hospital, who labored under this disease in the bones and joints of the tarsus. The foot was amputated by Mr. Griffiths. In about three weeks the stump was perfectly healed; but now she was seized with

symptoms which indicated an affection of the mesenteric glands, which had not shown itself previously, and she died. On dissection, numerous glands of the mesentery were found enlarged, and containing cheesy matter. Another girl whose arm I amputated on account of a scrofulous disease of the elbow, became affected in the same manner immediately after the stump was healed. She also died, and similar appearances presented themselves on dissection. A man whose leg was amputated on account of a scrofulous disease of the tursus, in a short time after the operation, began to experience symtoms, which indicated the incipient state of some pulmonic complaint, and soon afterwards, the other foot was affected in the same manner as the first. These are a few of many cases which might be adduced as lending to the conclusion — that the occurrence of this scrofulous disease in a particular joint, may be the means of preventing the scrofulous disposition from showing itself in some other organ; and that if the affected joint be removed by an operation, there is more danger of the disease breaking out elsewhere, than there would have been if the operation had not been resorted to.

Druitt, in his Surgery, (p. 267) expresses the same opinion and even carries it further. "It seems probable that disease of the lungs or mesentery, is sometimes suspended or *averted* by the continuance of a (not very severe) disease of the extremity."

Numerous opinions of the same kind might be added, but we have lately met with the following passage in the work of R. W. Tamplin on deformities, which so well accords with our own experience, that we give it entire in place of multiplying authorities on the subject.

"A case occurred to me three or four years since, of which the following was the condition of the patient:—The girl, about 8 years of age, was sitting on the bed in the most miserably emaciated condition, and was stated to have been suffering from disease in the knee between two and three years. There were five openings, two on the outside, just above the condyles, one on the inside, and two on the patella. The three first communicated with the femur, the two last with the patella. The parents stated that at least half a pint of matter was discharged daily. Of course, this was somewhat exaggerated, but an immense discharge was then evident, of that peculiar, thin, unhealthy secretion, common in scrofulous diseases. The knee was contracted beyond a right angle, so

that you could not pass a thin piece of sponge between the leg and thigh, in the situation of the popliteal space. The knee itself was swollen, and distended with fluid. She was suffering from acute hectic fever, with profuse perspiration and severe pain on the slightest motion. The pulse was fluttering, the bowels relaxed; in fact, the child presented the appearance of a person in the last stage of consumption. I ordered her an opiate, with the hyd. c. creta, every night, the conf. aromat. and ext. cinch. three or four times a day, a soft linseed-meal poultice, made by stirring the meal into boiling water, over the whole of the knee joint, covered with oiled silk. A tin splint, bent at the angle at which the knee was flexed, with pads, and retained by means of a flannel bandage, from the toes upwards above the knee, thereby keeping up the natural temperature of the entire limb, as well as a uniform gentle support; together with a nourishing diet, consisting of eggs, milk, meat, beer, and then two glasses of port wine daily, commencing the stimulants by degrees. In a few days the general irritability subsided, and the pain in the knee was relieved, the hectic left her, and the discharge altered its character. In fourteen days she could be moved without a complaint.

"This treatment was continued six months, varying the tonic at the end of which time all the openings were closed, and the swelling of the joint almost gone. The leg was extended in the most insensible manner, by gradually straightening the splint during the period the disease was subsiding, and without pain being produced. As soon as the openings were healed, I supported the joint with emp. cerat. saponis, and continued the bandage and splint, and in twelve months the leg was brought into the straight position, and the girl could use it without any assistance. I then directed the joint to be exercised daily, by forcibly flexing and extending it, as far as the feelings of the child would admit, and in this way the motion of the joint was restored, the muscles of the thigh and calf developed themselves, and a perfectly useful limb is the result. In this case amputation was advised by several surgeons as the only means of saving the child's life.

"I would beg to mention another case, similar in some respects, of a boy 9 years of age, in whom what is called white-swelling had existed for eighteen months. There were no openings, but a bag of matter situated in the upper and outer side of the femur just above the condyles. The joint also distended with fluid, and contracted beyond a right angle. The same treatment was followed here; the matter gradually and entirely disappeared, the swelling of the joint reduced, and by means of the splint the leg was brought, in eight months, into the straight position, and the boy enabled to use his leg, supported with a straight splint. In this case also amputation

was recommended, and would certainly have been carried into effect, had the boy assented. I have used the poultice made in the manner described, as it acts both as a fomentation, and enables you also to apply slight support to the distended and weakened capillaries, over the whole surface. The splint keeps the joint steady, and relieves the pain, at the same time that a permanent contraction is prevented by the gradual and steady extension kept up, and the flannel bandage maintains the temperature and gives a uniform support; for it is certain that no restorative process can go on if the natural temperature is reduced, which you will frequently find to be the case in these subjects. The opium greatly allays the general irritation from which they suffer so severely in consequence of continued pain, and is, according to my experience, of the greatest possible advantage.

"I have ventured on this digression, because I believe that many legs are lost simply from want of attention to what are often considered trifling details, but which trifling details form, in my opinion, the most important portion of the treatment. By their use I believe that the majority of cases may be saved from the dreadful alternative of the loss of the limb, which, to the poor, whose living must depend on their daily labor, is of infinite importance, far more so than to those whose means place them beyond the necessity for exertion. It has been said that such cases are daily occurring, and occurring in every one's practice. Admitted: but does not this prove that the opinions expressed are incorrect, and if these and others have had the use of their limbs restored, there are, in all probability, hundreds who have suffered amputation that might have possessed a useful member? It is an easy matter to take off a leg, but the consequences to the patient exist for life. How often is it said, in similar cases, 'we must first get the patient into better health, and then perform amputation.' Now I want to know how a patient suffering from this disease in its most severe form can, during the existence of that disease, and in spite of it, be brought into better health, into such a state of health as will admit of his bearing the operation, and yet the health should not continue to improve, and with proper attention the disease should not be cured also. It is certain, if the severe symptoms I have mentioned be allowed to continue, death must be the result; but until you can prove to me that the disease is, from its nature, incurable, (I mean, of course, in young subjects) I am not prepared to admit either the necessity of amputation, nor that the disease will continue and destroy life, unless that extreme measure is resorted to. Again, supposing the bones themselves diseased, and the integrity of the joint destroyed, what is to prevent the restorative process from going on, and a comparatively useful limb being secured to the patient? We have evidence

in abundance of this being effected in the instances of ankylosed joints that present themselves almost daily, of the hip, knee, and elbow. The misfortune is, and what I would particularly draw attention to, that from the comparatively low organized condition of the structure of the joint, the efforts of restoration are proportionably slow, and occupy many months of treatment, and of course, of attention; but what is this compared with the life of the individual, and his being enabled to obtain his subsistence in any capacity he may be placed? whereas, with a wooden leg, no very active employment can be undertaken, for, independently of the appearances it presents, objections naturally arise to the employment of such individuals. My object in making these remarks is solely to direct attention to what appears to me a very much neglected disease, and I believe, in many instances, this arises from an impression that it is a disease, if not incurable, at least so far hopeless that it is useless to waste the health or time of the patients in any attempts at cure.

If in these remarks I shall be the means of drawing attention to the subject, and in this way of saving the limbs of patients thus afflicted, whatever may be the opinion entertained, I shall have obtained more than I have any reason in right to expect. The assertion of these views is a bold step, and I am well aware that my motives may and will be questioned, and my opinion disputed. I have, however, a duty to perform in common with all men, and I trust never to be deterred by fear from openly and decidedly stating my opinions, believing conscientiously that they are correct, and believing also that general good may result from them."

We think the above cases and quotations will sustain our assertion, that scrofulous disease of the larger articulations is one of those in which limbs may be saved, which are ordinarily condemned to amputation.

Whether or not this is the case, the facts and views will serve to exhibit in a more striking point of view than could otherwise be done, the culpability of those who resort to amputation in such cases before suppuration, or any alarming symptoms have taken place. This is occasionally done in this region, under circumstances where the opinion of an enlightened medical public cannot operate with sufficient force to prevent it.

Several cases of the kind have come within our knowledge of which it may be sufficient at present to specify a single one.

December 6, 1845, we were requested to visit W. M., a

young man of about 20 years of age, residing 23 miles south from this place, for the purpose of amputating his thigh. We visited him in company with our colleague, Prof. Herrick, and found him in the following state: the right knee was somewhat swollen, red, tender, and painful without any sign of suppuration.

Slight irritation of the general system, but no chills, sweats, or diarrhea. The disease had existed for several years, but so slightly as to allow him to follow some useful employment, and had recently become aggravated while he was undergoing a course of active medication. Of course we declined performing amputation, and advising gentle alteratives, evaporating lotions to the part, with anodynes if the pain was severe, encouraged him to hope that by perseverance, he would preserve not only his life, but a useful limb.

Soon after we learned that amputation had been performed.

We think it but just that the utmost publicity should be given to this case, and may have occasion to add others of a similar character, in order that those who prefer the triumph of an amputation to the credit of preserving a useful member, may receive the full benefit to be derived from a practical application of their principles.

ARTICLE III.

Foreign Bodies in the Organs and Tissues of the Body. By W. B. Herrick, M. D., Professor of Anatomy in the Rush Medical College.

Every experienced practitioner has, doubtless, met with cases with symptoms which, for the want of a correct history, or from inattention to minute circumstances connected with their origin and progress, have appeared inexplicable and perplexing.

Symptoms thus presenting themselves, without any assignable cause, are often produced by the presence of foreign substances imbedded in some important organ or tissue of the body, introduced by accident or otherwise, without the patient's knowledge; its presence not being suspected by himself or his medical attendant.

For the purpose of directing attention to this fact, and to

show the importance of inquiring more minutely into the origin and primary cause of such symptoms, we give below the history of a few cases of the kind:

Case I.—In the fall of 1843, I was called to see a Mr. H., an industrious, middle-aged farmer, with a good constitution, who had been suffering, during the 24 hours previous to my arrival, with the most excrutiating pain in and around the knee joint, extending upwards to the hip, and downwards to the foot. Limb high-colored, swollen, and very tender, pulse 100 and full.

It appeared, from the history of the case, that while laboring in the field about two months previous to this time, my patient had felt a slight pricking sensation in the integuments covering the joint. Upon examination, a slightly reddened point was discovered, but there being no other evidence of injury, and as exercise caused no inconvenience, he continued his labors up to the time of the inflammatory attack.

Under the influence of antiphlogistic treatment, both general and local, the inflammatory action gradually subsided, and in about ten days all signs of disease had disappeared from the affected part.

About six months subsequent to this attack, being called again, I found Mr. H. suffering as before, with symptoms similar in every respect to those above mentioned. The treatment, this time, though actively antiphlogistic, did not prevent the formation of an abscess in the cellular substance around the joint, which continued to discharge for two weeks, when it healed, leaving no bad effects, apparently, excepting a slightly contracted condition of the muscles of the limb.

In about a year after this second attack, this unfortunate patient was brought upon his bed for the third time, with symptoms identical with the former. An abscess formed as before, which continued to discharge for two or three months, at the end of which time, (during my absence) his medical attendant, while passing a probe into the abscess, discovered a foreign substance imbedded in its walls, which, being withdrawn, proved to be the sharp point of a thorn, a half inch or more in length. After its removal, as may be supposed, the abscess healed kindly, and all traces of disease of the leg and knee rapidly disappeared.

Case II.—A. H., a carpenter, about 25 years of age, of

good constitution, and in robust health at the time, was sud denly attacked with cough, profuse expectoration, and difficult respiration, with slight febrile excitement. In the hands of numerous physicians of good reputation, and under the care of as many quacks, for two years after this attack, a part of which time was spent in a hospital at New Orleans, these symptoms became more and more alarming, his sufferings almost insupportable; till at the end of that time, these apparently characteristic symptoms, his emaciated condition and depressed physical powers, impressed the conviction upon himself and medical advisers, that he was about to fall a victim to consumption.

Thus deprived of hope, and desirous of seeing his friends once more, Mr. H. by dint of great exertion, and bodily suffering, arrived at length at the home of his brother in the interior of Illinois, there as he supposed, shortly to end his days.

Soon after his arrival, and during one of the violent fits of coughing, to which he was subject, a foreign substance, which proved to be a fish bone, cuboidal in shape, and a half-inch or more in diameter, was suddenly and forcibly ejected from the laryngial opening upon the floor.

From this time forward, all the alarming symptoms began rapidly to abate, and at this time, two years since, the individual above named, is in perfect health.

After the above fortunate termination of his disease Mr. H. recollected that a month or two previous to the appearance of the above named symptoms, while dining upon fish, he inhaled as he supposed a small portion into the air passages, but as it gave him but little trouble at the time, he thought no more of it, and did not, during his illness, suspect even, the true cause of his sufferings.

Case III.—A friend of mine, a physician, has given me the history of the case of an individual who fell, accidentally, upon the extremity of a blunt stick; which piercing the clothing and integuments, passed into the cellular substance surrounding the lower part of the rectum. The opening thus produced assumed the character of a fistula, and remained open for a long time after the accident. The operation of laying open the cavity, was at length performed, which resulted in the discovery of a piece of cloth imbedded in the tissue at the bottom of the ulcerating canal.

ARTICLE IV.

Case of the Bite of a Mad Dog, and its treatment. By DANIEL STAHL, M. D., of Quincy, Illinois.

There is, perhaps, no disease in the whole register of nosology, that is more dreadful in its manifestations, and more certain in its destruction, than hydrophobia; and none, I may add, that is more obscure to the pathologist, and less under the control of medical agents, than this awful disease. Much, very much, has been written on hydrophobia, many remedies have been lauded as infalliable in its cure, and many, if not all of them have disappointed us in the hour of need,—none have as yet stood the test of time, and I much doubt whether as yet we possess, out of the many hundreds of "curative plans" for this scourge of the animal organization, a single one on which we can rely with confidence. Accident, or organic chemistry, are the two sources to which I look for aid in this disease, and as long as we cannot *cure* it, we must more earnestly endeavor to *prevent* it. Can we prevent it when the hydrophobic poison is once introduced into the animal system? In answer to this question I take the liberty to relate the following case, and leave it to the reader's own judgment to answer it, remarking merely, that it is now nearly 15 months since, the patient was bitten by a dog, which, from the following reasons, I considered rabid.

1. The appearance of the dog, as described by the patient and his father, who is a very intelligent gentleman.

2. The irresistable desire of the dog to bite every thing and every body.

3. His constant restlessness and running until he was killed; and finally and principally

4. *The manifestation of undoubted symptoms of Hydrophobia in at least* 12 *animals* (dogs, hogs, and horned cattle,) *that were bitten by this dog on the same or on the subsequent day of that on which my patient was bitten by him.*

I will not impose upon the patience of my readers a long and minutely detailed history of the case, but will merely relate the main features as put down during the time of treatment in my case book. As an apology, (if apology is necessary) for this brevity, I will merely say, that I feel some embarrassment in writing in a foreign language; which the English language is to me.

Harvey Barr, a stout, healthy lad, of 14 years of age, was bitten on the morning (about 8 o'clock) of the 10th of February, 1845, by a dog supposed to be rabid. In the afternoon he came to my office. He had five wounds inflicted by the teeth of the dog on both sides of the middle and ring fingers. Some of these wounds consisted of but an abrasion of the skin, others penetrated through the skin. I washed the wounds with spirit. cornu cervi, and gave him a dose of Epsom salts, and ordered the wounds to be cauterized with a red-hot iron. This latter not having been done, I went to the place of his residence (6 miles from the city) and performed cauterization with a red-hot knitting-needle, about 10 o'clock, P. M. I then put ungent. cantharid. on the wounds, and ordered a pill of gr. ½ ext. belladonna, and gr. j. of ferr. carbon., to be taken thrice a day, until the pupil should become very much enlarged, when but one pill, daily, was to be taken.

February 26. The hog of Hiram Barr, supposed to have been bitten by the same dog that bit Harvey, became a few days ago hydrophobic, and died under the usual symptoms of that disease. This, of course, alarmed the father of Harvey, and he requested that I might consult some other physicians. Drs. Taylor and Bartlett, two well educated and intelligent gentlemen, were accordingly called in. The belladonna had manifested its wonted constitutional symptoms, such as itching, dryness of the throat, enlarged pupil, &c. The wounds are suppurating, and the hand is swollen and painful, but the pain does not extend beyond the hand. Patient is perfectly tranquil and happy, not appearing to be troubled with any apprehension of danger; he eats and sleeps well.

It was the opinion of Drs. Taylor and Bartlett to continue the belladonna, apply ungent. mercuri. instead of the ungent. cantharid., and use Epsom salts as a cathartic; all of which was, by me, ordered to be done.

March 2. The wounds did not suppurate well. Having just read the account of a similar case communicated by Dr. Hildreth, of Ohio,* in which he had used externally, hydrarg. precipitatum rubr. cum. cupr. sulph. I discontinued the ungent. mercuriale, and used Dr. Hildreth's prescription.

March 5. Heard of several dogs and hogs having been bitten by the same dog that bit Harvey. Dr. Bartlett and my-

* Medical Repository, Vol. VII.

self went to Joseph Turner's, in the neighborhood of Barr's, and became satisfied that his (Turner's) two dogs were rabid.

March 8. The wounds have dried up. Ordered emollient poultices and ungent cantharid., also three pills daily, each containing ½ gr. of ext. belladonna.

This treatment. i. e.: the application of the cantharides ointment, and the internal use of belladonna, with occasionally a dose of salts, I continued for three months till the 10th of May, when I healed up the suppurating wounds, and dismissed the patient. I have had, however, in the mean time a vigilant eye upon him, but could not detect the least symptom similar to any of those we see in hydrophobia.

April 30, 1846.

P. S. I am at this time attending a boy who was bitten by a rabid dog on the 10th of March, 1846. I treat him in the same manner as I did the subject of the above narrative, with the exception of the use of the cauterium actuale. In a year or two I shall communicate this case also, whatever may be the result of my treatment.

PART II.—REVIEWS.

ARTICLE V.

Remarks on the Influence of Mental Cultivation and Mental Excitement upon the Mind. By AMARIAH BRIGHAM, M. D., Superintendant and Physician to the State Lunatic Asylum, Utica, N. Y. Third Edition. Philadelphia: Lea & Blanchard. 1845. pp. 204. (From Brautigam & Keen, Chicago.)

In evidence of the meritorious character of this little volume, and to show that its value is duly appreciated, both at home and abroad, we need only mention the fact, that it has passed through three editions in this country, in as many years, and has been republished both in Glasgow and Edinburgh, under the supervision and with the recommendation of such men as Robt. Macnish, M.D., and Jas. Simpson Esq.

"The object of this work," says the author, "is to awaken public attention to the importance of making some modification in the method of educating children, which now prevails in this country. It is intended to show the necessity of giving more attention to the health and growth of the body, and less to the cultivation of the mind, especially in early life, than is now given; to teach that man, at every period of his existence, should be considered both as a spiritual and material being —as influenced both by physical and moral causes, and that therefore all plans for his improvement should be formed, not from a partial view of his nature; but from a knowledge of his moral, intellectual, and physical powers, and of their development."

The subject under consideration is, evidently one demanding the attention and close investigation of every individual, but it is especially the duty of the physician, whose province is to direct and advise others upon such points, to make himself thoroughly acquainted with the facts and arguments bearing upon this subject. In our estimation, every page of the work before us would be perused by our readers with satisfaction, pleasure and profit; we shall therefore quote from it such passages as seems to us most interesting and instructive, concious as we are, of the difficulty of making selections from pages so nearly faultless.

Our author commences by showing, in a very logical and conclusive manner, that the *brain* is the material organ by which the mental faculties are manifested. In his arguments upon this point we find the following remarks upon *insanity*, which are interesting in a medical point of view, and valuable from the fact that they are the conclusions of a physician, of correct observation and much experience with this disease.

"The phrase *derangement of mind*," says he, "conveys an erroneous idea; for such derangement is only a symptom of disease in the head, and is not the primary affection. It is true, that moral and mental causes may produce insanity, but they produce it by first occasioning either functional or organic disease of the brain. On examining the heads of those who die insane, some disease of the brain or its appendages is generally found. I am aware of the statement by many writers, that they have examined heads of the insane, and found no trace of organic disease. But, until late years, there has not usually been great accuracy in such examinations, and slight organic disease might have been overlooked. Even admitting that there was no organic disease in the cases described by these writers, there was undoubtedly functional disease inappreciable by the senses; just as there is often great disorder of the stomach and derangement of digestion which cannot be discovered by dissection. There are in fact no diseases which are independent of affected organs, although the affection may not always be evident to the senses.

"Although mental derangement may perhaps sometimes occur in individuals who after death exhibit no trace of organic disease, I think such cases are more rare than has generally been supposed. Dr. Haslam says, that insanity is always connected with organic alterations of the brain. Greding has noticed thickening of the skull in one hundred and sixty-seven cases out of two hundred and sixteen, besides other organic disease. Spurzheim says he *always* found changes of structure in the heads of insane people. M. Georget dissected a great number of brains, and his experience is conformable to that of the authors above-mentioned. Mr. Davidson, House Surgeon to the Lancaster County Lunatic Asylum, examined with great care the heads of two hundred patients who died in the asylum, 'and he scarcely met with a single instance in which traces of disease in the brain or its membranes were not evident, even when lunacy was recent, and a patient died of a different disease.'

"Dr. Wright, of the Bethlem Lunatic Hospital, states that in one hundred cases of insane individuals, whose heads he examined, all exhibited signs of disease; in *ninety* cases the

signs were very distinct and palpable; in the remaining ten they were fainter, but still existed in some form or other,—such, for instance, as that of bloody points, when the brain was cut through.

"One of these writers for the prize offered some years ago, by the celebrated Esquirol, for the best dissertation on Insanity, observes, that he examined the heads of more than one hundred individuals who died from insanity, and comes to the following conclusions:—

"1st. That in the brains of those who die of insanity, changes of structure will always be found.

"2d. That these changes are the consequences of inflammation, either acute or chronic.

"3d. That there exists a correspondence between the symptoms and the organic changes; and that the names, monomania, mania, &c., ought only to be employed as representing degrees and stages of inflammation of the brain."

Numerous arguments and facts having been presented to prove most conclusively, that the brain is the organ for the manifestation of mind; this part of the subject is concluded as follows:

"I might adduce many more cases to prove the very intimate connexion between the brain and the mind, that it is a defective brain which makes the idot, and a diseased brain which causes delirium and insanity; and that all the various states of mind produced by alcohol or by opium, &c., arise from the disordered action which these articles produce in the brain; that the weak mind manifested by the infant, and the feeble mind by the aged, are produced by a small and undeveloped, or an enfeebled and disease brain, and not by a change of the immaterial mind itself. But cases enough have been cited to prove these truths. And if we do admit that the brain is the organ by which the mind acts, we must acknowledge the necessity of guarding this organ most carefully, of exercising it with extreme caution, of not endangering its delicate structure at any period of life by too much labor, or preventing its full development by too little; for the regular exercise of all the organs of the brain is necessary to prepare them for the active and powerful manifestation of the mental faculties.

"The healthy condition and proper exercise of the brain, are therefore far more important than of any other organ of the body, for we might as well expect good digestion with a diseased stomach, or good music from a broken instrument, as a good mind with a disordered, enfeebled, or improperly developed brain. And yet, how little regard has been paid to these important truths, in the cultivation of the mind!

While people are exceedingly fearful of enfeebling and destroying digestion, by exciting and overtasking the stomach, they do not appear to think they may enfeeble or derange the operation of the mind by exciting the brain, by tasking it when it is tender and imperfectly developed, as it is in childhood."

Our author next calls the attention of his readers, to the condition of the brain in early life, and to the effects of this condition upon the mind's manifestations.

"During childhood it" (the brain) "is 'very soft, and even almost liquid under the finger, and its different parts cannot be clearly distinguished.' Still at this time it is supplied with more blood, in proportion to its size than at any subsequent period. It then grows most rapidly, and more rapidly than any other organ: its weight is nearly doubled at the end of the first six months; and hence the nervous system, being connected with the brain, is early developed, and becomes the predominating system, in youth. At this period of life, however, which is devoted to the increase of the body, it is necessary that the nervous system should predominate; for this system is the source of all vital movement, and presides over, and gives energy to those actions which tend to the growth of the organization.—Besides, 'Infancy,' says Bichat, 'is the age of sensation. As everything is new to the infant, everything attracts its eyes, ears, nostrils, &c. That which to us is an object of indifference, is to it a source of pleasure. It was then necessary that the nervous cerebral system should be adapted by its early development to the degree of action which it is then to have.'

"But this great and early development, though necessary for the above purposes, very much increases the liability to disease; it gives a tendency to convulsions, and to inflammation and dropsy of the brain, and to other diseases of the nervous system, which are most common and fatal in childhood.

"It is, therefore, deeply important, that the natural action of the nervous system should not be much increased, either by too much exercise of the mind, or too strong excitement of the feelings, lest at the same time the liability of children to nervous diseases be increased, and such a predominance given to this system as to make it always easily excited, and disposed to sympathize with disorder in any part of the body; thus generating a predisposition to hypochondriasis and numerous afflicting nervous affections.

* * * "Dangerous forms of scrofulous disease among children, have repeatedly fallen under my observation, for which I could not account in any other way, than by

supposing that the brain had been exercised, at the expense of other parts of the system, and at a time of life when nature is endeavouring to perfect all the organs of the body. And after the disease commenced, I have witnessed, with grief, the influence of the same cause, in retarding or preventing recovery. I have seen several affecting and melancholy instances of children, five or six years of age, lingering awhile with diseases, from which, those less gifted, readily recover; and at last dying, notwithstanding the utmost efforts to restore them. During their sickness, they constantly manifested a passion for books, and mental excitement, and were admired for the maturity of their minds. The chance for the recovery of such precocious children, is in my opinion, small, when attacked by disease; and several medical men have informed me that their own observations had led them to form the same opinion; and have remarked, that in two cases of sickness, if one of the patients was a child of superior and highly cultivated mental powers, and the other one equally sick, but whose mind has not been excited by study, they should feel much less confident of the recovery of the former than of the latter. This mental precocity, results from an unnatural development of one organ of the body, at the expense of the constitution, as is thus explained by two of the most celebrated men of the medical profession. 'It is a fundamental law of the distribution of vital powers,' says Bichat, 'that when they are increased in one part, they are diminished in all the rest of the living economy; that the sum is never augmented, but that they are necessarily transported from one organ to another, and therefore to increase the powers of one organ, it is absolutely necessary they should be diminished in the others.' 'Extra development and sensibility of the brain,' says Dr. James Johnson, 'cannot take place, but at the expense of some function or structure in the animal or organic system; when, therefore, an undue share of the vital energy of an individual is directed to a particular organ or system, a proportionate subduction is made from some other organ or system; and this is a most undoubted and most important truth, which is little understood, and less attended to by the world in general.'

* * * * "I would have the parent, therefore, understand that his child may be made to excel in almost any thing; that by increasing the power of certain organs through exercise, he can be made a prodigy of early mental or muscular activity. But I would have him at the same time, understand the conditions upon which this can be effected, and its consequences. I would have him fully aware, that in each case, unusual activity and power are produced by extraordinary development of an organ; and especially that in early life, no one organ of the body can be disproportionately

exercised, without the risk of most injurious consequences. Either the over-excited and over-tasked organ itself will be injured for life, or the development of other and essential parts of the system will be arrested forever. From what has been said hitherto, we gather the following facts, which should be made the basis of all instruction; facts, which I often wish to repeat. *The brain is the material organ by which all the mental faculties are manifested; it is exceedingly delicate, and but partially developed in childhood; over-excitement of it when in this state, is extremely hazardous.*"

Upon the consequences which result from inattention to the connection between the mind and body, our author goes on to say that

"Teachers of youth, in general, appear to think, that in exciting the mind, they are exercising something totally independent of the body,—some mysterious entity, whose operations do not require any corporeal assistance. They endeavour to accelerate, to the utmost, the movements of an extremely delicate machine, while most unfortunately they are totally ignorant or regardless of its dependence on the body. They know that its action and power may both be increased for a while, by the application of a certain force; and when the action becomes deranged, and the power destroyed, they know not what is the difficulty, nor how it can be remedied. Fortunately they do not attempt to remedy it themselves, but call in the physician, who, if he affords any relief at all, does it by operating on a material organ. If medical men entertained the same views as teachers, they would, in attempting to restore a deranged mind, entirely overlook the agency of the body, and instead of using means calculated to effect a change of action in the brain, would rely solely upon arguments and appeals to the understanding. For if the mind may be cultivated independent of the body, why may not its disorders be removed without reference to the body?

* * * "The method of teaching little children varies in different schools; but that is everywhere considered the *best*, which forces the infant mind the *fastest*. In some schools the *memory* is chiefly cultivated, and children are taught innumerable facts. Here we see those who are scarcely able to talk, exhibited as wonderful children. They are declared to be deserving of the highest praise, and prophesied about as giving promise of great distinction in future, because they are able to tell us who was the oldest man, and many other equally useful and important facts. They are also able to tell us many truths in Astronomy, Geometry, Chemistry, &c. &c., of which the innocent beings know about

as much as do parrots of the jargon they deliver. In other schools, teachers are opposed to such practice; and say that a child should learn nothing but what he understands; that the memory should not alone be cultivated; therefore, they teach children that Methuselah was not only the oldest man, and nine hundred and sixty-nine years of age, but that he was the son of Enoch, and the grandfather of Noah, and that a year means 365 days, and a day 24 hours; and all this they teach, in order, as they say, that a child may *fully understand* what he learns. Other teachers say, that it is very wrong to *compel* a child to learn—very wrong indeed; and that he should learn no more than he will cheerfully: but though they do not gain their purpose by exciting *fear*, they awaken other passions of the strongest kind in the child, by a system of *rewards* and of *praise*. Now of all these methods, if there is any preference, it should be given to the first; for that is the least objectionable which has the least tendency to develop the mind, and awaken the passions prematurely. They must all, however, be wrong, if they call into action an organ which is but partially formed; for they do not conform to the requirements of the laws of nature, and wait for organs to be developed, before they are tasked.

"I beseech parents, therefore, to pause before they attempt to make prodigies of their own children. Though they may not destroy them by the measures they adopt to effect this purpose, yet they will surely enfeeble their bodies, and greatly dispose them to nervous affections. Early mental excitement will serve only to bring forth beautiful, but premature flowers, which are destined soon to wither away, without producing fruit.

"Let parents not lament, because their children do not exhibit uncommon powers of mind in early life, or because, compared with some other children, they are deficient in knowledge derived from books. Let them rather rejoice if their children reach the age of six or seven, with well-formed bodies, good health, and no vicious tendencies, though they be at the same time ignorant of every letter of the alphabet. If they are in this condition, it is not to be inferred that their minds are inferior to those of children who have been constantly instructed. It is a great mistake to suppose that children acquire no knowledge while engaed in voluntary play and amusements.

"They thus do acquire knowledge as important as is ever acquired at school, and acquire it with equal rapidity. Many think that the child who has spent the day in constructing his little dam, and his mill, in the brook, or the stream that runs in the gutter; or in rearing his house of clods or of snow, or in making himself a sled or cart, has been but idle, and deserves censure for a waste of his time, and a failure to learn

anything. But this is a great error of judgment; for, while he has thus followed the dictates of nature, both his mind and body have been active, and thereby improved. To him anything which he sees and hears and feels is new, and nature teaches him to examine the causes of his various sensations, and of the phenomena which he witnesses. For him, the Book of Nature is the *best book*, and if he is permitted to go forth among the wonders of creation, he will gather instruction by the eye, the ear, and by all his senses.

"He is for a while just as ignorant that stones are hard, that snow will melt, that ice is cold, that a fall from the tree will hurt him, and a thousand other common facts, as he is of a 'parallelogram,' or 'perimeter,' or 'the diameter of the sun,' or the 'pericarpium of flowers,' or of many other things, which some think important for infants to know. If his time is constantly occupied in learning the last, he will grow up ignorant of many commonn truths, and fail in the best of all learning, *common sense.*

* * * *

"The remarks which I have made relative to the danger of too early exerting and developing the minds of children, are not made without some knowledge of the education of children in various parts of our country.

"That children *do* have their mental powers prematurely tasked, is a fact which I know, from personal observation. I have seen a course like the following pursued in many families in various parts of the country, and I know that this course is approved of by many excellent persons. Children of both sexes are required, or induced, to commit to memory many verses, texts of scripture, stories, &c., before they are three years of age. They commence attending school, for six hours each day, before the age of four, and often before the age of three; where they are instructed during three years in reading, geography, astronomy, history, arithmetic, geometry, chemistry, botany, natural history, &c. &c. They also commit to memory, while at school, many hymns, portions of the scriptures, catechisms, &c. During the same period, they attend every Sunday a Sabbath school, and there recite long lessons: some are required to attend upon divine service at the church twice each Sunday, and to give some account of the sermon. In addition to these labors, many children have numerous books, journals, or magazines to read, which are designed for youth. I have known some required to give strict attention to the chapter read in the family in the morning, and to give an account of it; and have been astonished and *alarmed* at the wonderful power of memory exhibited on such occasions by children when but five or six years of age. I have known other children, in addition to most of the above performances, induced to learn additional hymns, chapters of

Scripture, or to read certain books, by the promise of presents from their parents or friends.

"The foregoing account fails to describe the amount of mental labor required of many children in intelligent and respectable families.

"The injurious and sometimes fatal effects of such treatment have been already mentioned. But I cannot forbear again to state that I have myself seen many children who were supposed to possess almost miraculous mental powers, experiencing these effects and sinking under them. Some of them died early, when but six or eight years of age, but manifested, to the last, a maturity of understanding which only increased the agony of a separation. Their minds, like some of the fairest flowers, were 'no sooner blown than blasted.' Others have grown up to manhood, but with feeble bodies and a disordered nervous system which subjected them to hypochondriasis, dyspepsia, and all the Protean forms of nervous disease. Their minds, in some cases, remained active, but their earthly tenements were frail indeed. Others of the class of early prodigies, and I believe the most numerous portion, exhibit in manhood but small mental powers, and are the mere passive instruments of those who in early life were accounted far their inferiors. Of this fact I am assured, not only by the authority of books, and my own observation, but by the testimony of several celebrated teachers of youth."

With regard to the effect of inordinate mental cultivation and excitement in producing disease, our author remarks as follows:

"Intellectual cultivation, and powerful mental excitement, have a very important bearing upon one of the most appalling and deplorable diseases which afflicts humanity; a disease which now prevails to a great extent in this country, and is, I apprehend, increasing with fearful rapidity. The disease I allude to is *insanity*, or disorder of the organ of the mind, which produces a derangement in the manifestation of the mental faculties.

"We have no means of determining, correctly, the number of insane persons in the United States; but if there are as many in the other states of the Union as in Connecticut, the whole number cannot be less than *fifty thousand*, or *one in every two hundred and sixty-two* of the population.

* * * *

"In Scotland, the proportion of insane to the population, is 1 to 574; and in the Agricultural districts of England, 1 to 820. There is, however, more insanity in England than in any other country of Europe.

"An inquiry, therefore, into the *causes* of so much insanity in this country becomes very important; and these causes must be sought among the agents that act upon the brain. I have already shown than insanity is a disease of the brain, and that whatever powerfully excites this organ, may so derange its action as to produce derangement of the mind. Sometimes it is occasioned by a *blow* or *fall* upon the head, at other times by inflammation or fever, which produces an unusual determination of blood to the brain. But far oftner the disease is occasioned by *moral causes*, by too violent excitement of the mind, producing morbid action in some parts of the brain.

"Thus we find that insanity prevails most in those countries where people enjoy civil and religious freedom, where every person has liberty to engage in the strife for the highest honors and stations in society, and where the road to wealth and distinction of every kind is equally open to all. There is but little insanity in those countries where the government is despotic. The inhabitants of such countries possess but little mental activity compared with those who live in a republic, or under a representative government.

* * * "In all ages and countries insanity has prevailed most in times of great moral and mental commotion. The crusades, and the spirit of chivalry that followed them, the reformation of Luther, the civil and religious discords of Europe, the French Revolution, the American Revolution, greatly multiplied cases of insanity. So true it is, that moral and mental causes excite this disease, that Esquirol says, he 'could give the history of the Revolution, from the taking of the Bastile until the last appearance of Bonaparte, by that of some lunatics, whose insanity relates to the events which have distinguished this long period.'

"Not only do the commotions which powerfully affect the minds of people occasion immediate insanity in adults, but they *predispose the next generation to this terrible disease;* and this is a fact that deserves great consideration. Esquirol says that many women, strongly affected by the events of the Revolution, bore children, whom the *slightest cause rendered insane.* He is supported by others in this opinion, *that strong mental emotion of the mother predisposes the offspring to insanity.*

* * * "In view of these few brief facts respecting *Insanity*, we are forced to believe, that among the causes of the great prevalence of this disease in this country, are the following:—

"1st. Too constant and too powerful excitement of the mind, which the strife for wealth, office, political distinction, and party success produces in this free country.

"2d. The predominance given to the nervous system, by too early cultivating the mind and exciting the feelings of children.

"3d. Neglect of Physical education, or the equal and proper development of all the organs of the body.

"4th. The general and powerful excitement of the female mind. Little attention is given in the education of females, to the physiological differences of the sexes. Teachers seldom reflect, that in them the nervous system naturally predominates; that they are endowed with quicker sensibility, and far more active imagination, than men; that their emotions are more intense, and their senses alive to more delicate impressions; and they therefore require great attention, lest their exquisite sensibility, which, when properly and naturally developed, constitutes the greatest excellence of women, should either become *excessive* by too strong excitement, or suppressed by misdirected education. If here was the proper place, it would be easy to show that efforts to make females excel in certain qualities of mind which in men is considered most desirable,—to make them as capable as men, of long continued attention to abstract truths, would be to act contrary to the dictates of nature, as manifested in their organization, and would tend to suppress all those finer sensibilities, which render them, in everything that relates to sentiment and affection, far superior to men.

"But in general the mental peculiarities of the female mind are not regarded in education. Their intellectual powers are developed to the greatest degree, and thus their natural sensibility is changed or rendered excessive. This excessive sensibility is not always counteracted by bodily labor or exercise; or there is probably no country where women belonging to the wealthy class, exercise so little, especially in the open air, as in this. But they here participate more, perhaps, than in any other country, in the excitement of parties and sects, which, in beings whose nervous system is easily excited, is very likely to produce strong emotions; and, as I have shown, such emotions may have deplorable effects upon their offspring.

* * * "There is another, and I fear a more frequent and fatal disease than that of insanity, caused by mental excitement; and which, judging from my own observation, and the records of cases in modern medical journals, appears to be increasing with frightful rapidity. I allude to organic diseases of the heart. The heart is a vital organ, and its sound state is essential to the possession of good health. When we reflect, therefore, upon the powerful influence which the feelings have upon this organ, the change from its natural action, caused by anger, fear, love, joy, avarice, ambition, envy, revenge, and all those passions and feelings that agitate civilized society, we shall not wonder that the diseases of the heart have increased in modern times. This disease has also increased in all countries during times

of great political and moral commotion. Corvisart says, 'it was more frequent in the horrible times of the French Revolution than in the usual calm of social life.'

"Testa, in a late work on diseases of the heart, states the same fact as regards agitated Italy. This author considers the powerful and irregular operation of the passions, as the most frequent cause of organic disease of the heart. Whoever reflects upon these facts, must feel the importance of cultivating a quiet state of the mind in order to preserve good health. This is important at all times of life, but particularly so during childhood. It should be recollected that the early development of the mental powers of children awakens the passions and appetites earlier than they would be but for this premature mental cultivation, and therefore excites the heart while it is in a tender and delicate state."

Want of space compels us to pass over that portion of the work in which the author treats of excessive mental cultivation and cerebral irritation, as a cause of dyspepsia. His views upon this disease are peculiar, and his facts and arguments in support of them strong, if not conclusive.

We shall, therefore, as it is probable, in a succeeding number of the Journal, publish, in full, his remarks upon this subject. W. B. H.

ARTICLE VI.

Lectures on the Nature and Treatment of Deformities, delivered at the Royal Orthopædic Hospital, Bloomsbury Square, (London.) By R. W. Tamplin, F. R. C. S. E., Surgeon to the Hospital. With numerous illustrations. Philadelphia: Ed. Barrington and George D. Haswell. 1846. pp. 216. 8 vo. (From the Publishers.)

While systematic works of Surgery abound, and most important surgical subjects have been well and fully treated in monographs, a treatise on the subject of deformities has been a desideratum in English Medical literature. This is doubtless owing to the fact, that until quite recently, these affections have not been considered as coming within the pale of surgery—they have even been ranked with mal-formations, and the subjects of them have been subjected to an absurd popular prejudice, which excluded them from many of the privil-

eges and enjoyments of their fellow men; in the same manner as by the mosaic law, they were excluded from the dignity of the priesthood. Orthopædic Surgery is not only one of the newest, but also one of the brightest triumphs of science, and may teach us not to despair of the discovery of means of cure for those diseases at present deemed most hopeless.

The Orthopædic Institution in Bloomsbury Square, owes its origin, as is stated, "to the benevolent exertions of Mr. Quarles Harris, who, having experienced relief in his own family, devoted himself to the formation and support of this Charity, for the benevolent purpose of extending the same benefits to the poor, which he knew the rich could command."

It is our purpose to give an analysis of a part of the work of Mr. Tamplin, which is entirely practical in its character, without criticising his opinions. We would, however, say in the commencement, that the style of the book is, in many parts, loose and incorrect, that the author's views of the pathology of the diseases producing deformities, seem far from profound. But on the other hand it may be said with equal truth, that the work is very modest in its pretensions, that its practical views are generally correct, and always on the side of moderation and safety, and that all those extreme and violent measures and operations that have discredited this branch of surgery in the public mind, are here discountenanced.

The following extracts will show our author's views on the subject of the division of tendons, their re-union, and the period at which extension should be made. On this latter point our experience has shown us that in a great number of cases, extension may be applied with perfect safety immediately after the division of the tendon, but it is by no means certain that this is universally true, and when much or long-continued force is required, this should not be practised.

"The principles laid down by Delpech, in his Orthomorphie, published at Paris in 1828, are comprised in the following rules:—

"1st. 'A tendon to be divided must not be exposed; and its division should be made by turning the instrument on one side, so that the line of the incision may not be parallel to the division of the skin; without this precaution risk of exfoilation of the tendon is incurred.'

"2d. 'Immediately after division of the tendon, the divided

ends should be brought into contact with each other, and kept in this position by a suitable apparatus during the entire period necessary for their union.'

"3d. 'Inasmuch as it can only take place by the intervention of an intermediate fibrous substance, this substance, before it has become firm, can, and should be, extended gradually and carefully, until it has assumed a degree of length equal to the shortened muscle.'

"4th. 'When this degree of extension has been effected, the parts should always be fixed in the position, and kept so until the new substance has acquired its requisite degree of consolidation.'

"These, gentlemen, are the principles upon which we are now acting, and from which we depart but in the slightest degree; they embody the entire doctrine of the treatment of deformity, and have only to be followed out carefully to insure success. There can be no question that had Delpech been spared to enjoy the common number of years allotted to man, he would have extended to every variety of deformity, the new views which he so graphically announced. It was not only in deformity in the feet, and the physiology of the division of tendons, that Delpech shone so conspicuously, but also on lateral curvature of the spine, and on dislocations of all kinds, on which subjects his works must be considered as second to none in originality and in correctness of principle. It is gratifying to find, that Stromeyer, who has been fortunate enough to extend the treatment of the distinguished surgeon of Montpelier, has generously acknowledged the merits of Delpech; for he says, 'Although the division of tendons has been recommended long since as a mode of removing certain contractions, yet the credit of having set this operation on a proper scientific basis undoubtedly belongs to Delpech, inasmuch as he showed the peculiar advantages derived from a new fibrous substance between the divided ends of the tendon, thus giving to this method of operating, its true practical value, and enabling us to avoid rendering inactive the muscles whose tendons have been divided:' an acknowledgment on the part of Stromeyer which does equal credit to his head and heart. In his work 'On Operative Orthopædic Surgery,' Stromeyer observes—'Delpech laid it down as a rule, that the surgeon should encourage the formation of sufficient substance between the two divided ends of the tendon to maintain the function of the muscle, and should not destroy the new union by immediate extension, but commence extension some days after the operation: this rule is most important for the safe performance of orthopædic operations, and its value should be duly estimated. The idea that the elongation of the muscle is effected through the cicatrix, is a false one; the extent of the substance or cicatrix, is quite inadequate for this purpose. In some

cases of pes equinus the gastroenemii are two or three inches too short; and, in wry neck, the sterno-mastoid is equally short, yet the cicatrix, after the cure, is but a few lines long. The elongation of the muscle must be effected in these cases at the cost of its contractility, and thus the incision of its tendon acts not only on its mechanical, but also on its vital properties, and, by the temporary diminution of its irritability, its contractile power is diminished, and any increase of it prevented. This view is confirmed by observations made in cases where the tendons of sound muscles have been lacerated. The following is an instance:—A medical man, of lax fibre, ruptured his tendo-Achilles seven years ago, and, in spite of the injury, walked about a few days afterwards; at the present time he walks about, dragging his leg after him, like a paralytic man, although the cicatrix is only a few lines long, and would be only considered as likely to produce any lameness in those motions which require forcible contraction of the calf. The injury and subsequent want of use have evidently here caused a loss of power in the calf, which, in his feeble condition, could not readily be restored. It is a remarkable circumstance, that when the tendo-Achilles unites in an imperfect manner after injury, the foot is not drawn up by the flexor muscles, but hangs like a loosely connected part, showing that the diminished irritability of such a mass as the calf of the leg exerts a weakening influence on the entire extremity. That any person should commence extension immediately after the operation, and attempt to restore the limb to its natural position, using, like Sartorious, a degree of violence that makes us shudder to think of, is neither necessary nor advisable.'

"The immediate restoration of a limb in its natural position is not to be recommended, for by extension before the healing of the wound in the skin, the parts are liable to inflame or suppurate; by gradual extension, the contractility of the muscle, the tendons of which have been divided, is interrupted for a time, and restored by the stretching and motion of the parts when the foot is again used. 'In all my cases,' adds Stromeyer, 'of division of the tendo-Achilles, the use of the muscles of the calf has been completely restored. Dr. Weiss informs me that at Paris the use of the muscles of the calf is not always restored. This may probably depend on the immediate separation of the ends of the tendon, which does not prevent its healing, but hinders the restoration of the function of the part; it is also possible that, by the extension of the intervening substance, which, from immediate extension, is very thin, the cicatrix itself may be lacerated.'

* * * "I have had two opportunities of examining the condition of tendon that had been operated upon during life, after death; the one was a boy

about seven or eight years of age, in whom the tendo-Achilles was divided for complete talipes equinus, the heel being elevated to its full extent: he was of weak, delicate, and unhealthy constitution, and the foot was brought into position three or four weeks after the operation; the uniting medium was at that time nearly two inches in length, soft, yielding, and exceedingly weak. It gradually, however, strengthened, contracted upon itself, and became as strong, to all appearance, as the original tendon; nor could any irregularity or thickening be detected. Twelve months after the operation he was attacked with scarlet fever, of which he died. His father informed me of it, and offered to allow an examination. On examining it externally, no trace of its having been divided could be detected; it possessed the same prominent uninterrupted outline as its fellow; the point of puncture could with difficulty be detected. On removing the skin and cellular tissue, there was no evidence of a wound having been inflicted, no adhesions, thickening, or swelling, and on laying open the sheath the tendon presented one uniform and natural appearance; so much so, that one was almost led to doubt the possibility of its having been divided. I then made a longitudinal section, but could discover no alteration with the naked eye, except a sort of globular appearance in one spot, but not sufficiently differing from the tendon itself to make us positive. The other was a congenital case of talipes varus, in a child of eight months of age when operated upon, and who died from hooping-cough and head affection eight months after the operation. The tendo-Achilles, the anterior and posterior tibial tendons, had been divided. The same perfection existed here, and at the examination, no trace of any kind could be detected, in appearance or by sense of touch.

* * * "Von Ammon (*De Physiologiâ Tenotomiæ*) gives the following account of the union of tendons:—'When a tendon is divided a slight degree of pain occurs, but no spasm of the part. In a short time a gap is produced by the contraction of the divided tendon, the principal part of the contraction taking place in the part of the tendon above the division.' This gap is soon filled up with blood, which he says, chiefly flows from the upper end of the divided tendon. This blood soon coagulates, and in this process unites firmly with the surrounding parts, and more especially with the wounded surfaces of the tendon, the ends of the tendon presenting at this time an appearance as if they had been tied round with a thread. The next change consists in the effusion of coagulable lymph beneath the effused blood, from the surrounding tendon and adjacent parts; this lymph becoming soon marked with conical and thread-like streaks of a white colour, which extend from the two divided ends of the tendon, and seem to shade gradually into each

other. This soft substance thus thrown out, instead of remaining as a pulpy semi-transparent mass, soon becomes connected into a structure which resembles, to a certain degree, the structure of tendon. This substance is not, however, true tendon in structure, although it exercises the same functions: on the surface and in smoothness it resembles tendon; but it differs from it in presenting, in its early stage, a substance of an udder colour, and of a more compact form, and afterwards presenting a more blue colour than real tendon. The motions of this new substance are more confined than real tendon, partly on account of its want of elasticity, and also from its adhesion to the surrounding parts. This new substance is formed in about fourteen days."

Our author commences with deformities of the feet, "the treatment of these being the groundwork of the treatment of deformities in general," and then proceeds to those of the knee, hip, spine, neck and upper extremities.

Talipes (club foot) is of four kinds.

1. Talipes equinus in which there is simple elevation of the heel unaccompanied by lateral deformity.

2. Talipes varus in which the heel is elevated, the foot shortened, inverted, semi-rotated and abducted.

3. Talipes valgus or flat-foot, the reverse of the last in which there is no trace of the arch left.

4. Talipes calcaneus the reverse of the first variety, in which the posterior extremity of the os calcis rests upon the ground in walking.

There are in addition to these, cases in which two of the above varieties are combined, as T. equino-varus and T. equino-valgus.

Most of these may be congenital, or be produced after birth. The congenital varieties our author attributes, but probably without sufficient evidence, to the position of the child in the womb.

The non-congenital is produced by a great variety of causes, as paralysis, spasm, inflammation, and a peculiar condition of the nervous centres, inducing gradual contraction, &c.

In whatever manner produced, the following is the condition of the parts in all the different kinds of club foot. The form of the bones is natural. The ligaments are changed, some being lengthened, others shortened. Of the muscles some are contracted, others lengthened, and as a consequence

of want of action, both are atrophied. From the same cause there is also diminished circulation, and loss of temperature of the limb. In a recent case which we have seen dissected, there was conversion of the muscular tissue into a fatty and fibrous mass.

"The *treatment*, which we now come to consider, resolves itself into the mechanical solely, or surgical and mechanical combined. With regard to the mechanical, I think sufficient evidence is daily before us of its general failure, from the results witnessed of patients who have been subjected to stretching and rubbing, and the wearing of instruments all their lives; and the existence of this Institution is an evidence of its general utility. I have not much, therefore to say upon this head. It will undoubtedly reduce the severity of the appearance of the deformity, and may, in the slightest amount of contraction, perhaps effect a cure,—at least, we are told it does so. I can only say, I have tried both in congenital and also in non-congenital cases, when the deformity has been slight, and the contraction of the muscle very limited, but I cannot bear testimony to its success on the one hand, or the propriety of it on the other."

Ample experience has convinced us of the justice of these observations, and also that in infants, the sooner the operation is performed the better. The muscles, whose tendons should be divided, will vary in every case. In T. equinus it will be simply the tendo-Achilles; in T. varus that tendon with the anterior and posterior tibial, and the plantar fascia; in the T. valgus, the tendons of the peronei muscles and those of the long extensors of the toes; in T. calcaneus, the tendons of the peroneus tertius, extensor longus digitorum, extensor proprius pollicis, and tibialis anticus. In general it may be stated that those tendons much contracted, should be divided, and this may be judged of by their tension.

The rules for the subcutaneous division of tendons in all parts of the body are nearly the same, viz: a small puncture should be made, about one inch from the tendon to be divided, with a lancet or sharp pointed knife,—the tendon should be divided with a narrow knife, from within outward, or from without inward, as may be most safe or convenient, care being taken to avoid the vessels and nerves. The wound is to be closed with a piece of adhesive plaster. In general, the tendon should be rendered tense at the time of division, and the

position of the patient should be that which is most convenient.

We have already given the views of our author in reference to the time proper for applying mechanical extension. This constitutes, in fact, the most important part of the treatment. Many kinds of apparatus have been devised for the purpose; of which our author prefers Stromeyer's foot board or Scarpa's shoe. Whatever instrument is used, it must be applied in such a manner as to make uniform, gentle pressure only, which must be continued for a length of time, varying from two to twelve months. The foot having been restored to its normal position, a boot of some firmness to retain it there is required.

Such is an outline of the plan of treatment recommended by our author, and with some modifications almost universally adopted by surgeons. Readers who have not had experience in the treatment of club-foot, will, of course, be desirous of knowing whether it is likely, in all cases, to be crowned with success. Having had occasion to see treatment applied in several large establishments, as well as in private practice, upon cases of different degrees of severity, and in subjects of various ages, we are of opinion, that in persons of adult age, that are affected with the severer forms of this deformity, especially of the T. varus, no efforts should be made to remove it by treatment. The long continued pressure is exceedingly irksome and painful, and when at length the object is effected, the muscles have so little power, that the patient does not walk as well as before. Our author does not notice this result as occurring in his own practice, but attributes it to extension immediately after the division of the tendons; it is not, however, by any means confined to such cases. When the subject is younger, or the disease more slight, when the patient is docile, and the surgeon's care is constant, the result will be in the highest degree satisfactory.

The pathology of club-foot is that of a great number of deformities—contraction of tendons and muscles, pain, spasm, inflammation, paralysis of their antagonists, &c., are the most common. The treatment also, is upon the same principle. Division of the tendons, where required, extension till a cure is effected, and a suitable support used afterward. These are principal means. The division of the tendons is, however, more useful in the club-foot, than in almost any species of deformity.

Mr. Tamplin next proceeds to consider some cases of deformity attended with paralysis.

"With regard to the non-congenital deformities of the feet, you have, as I have had occasion frequently to observe, paralysis of one or more muscles, and a spasmodic affection of one or more of them; occasionally of the whole voluntary muscular system. When it is combined with paralysis, I have also stated that no known remedy has been discovered, if it has been of long standing, and that we can only remove the deformity, and rest satisfied with artificial support; that the limb is always in an atrophied condition, and possesses the lifeless flabby state which is so peculiar to the paralytic condition; and as we know but little of the pathology of the nerves, I shall not waste either your time or my own by speculation or theory. Suffice it to say, that paralysis exists, and occasionally of both lower extremities, with contraction of one or more muscles, producing either of the deformities before mentioned; frequently varus of one foot, valgus or equino-valgus, of the other; the patient possessing the smallest possible amount of motion in the toes. And of course, if complete paralysis exists, you have no contraction of the knees, the limb lying in any position in which it may be placed, and appearing more like a foreign body than the living extremity, and with the exception of the ligaments by which it is alone held, perfectly passive; if not complete, the knees will also be found contracted, although there may be no available motion. You will occasionally find slight motion in one or other of the extensors of the leg, but not sufficient to be of the slightest use. There is always, however, as far as my present experience goes, more or less available power in the flexors and extensors of the thigh, and from this fortunate circumstance you will be enabled, after you have removed deformity or contraction of the feet, to place the patient in a much better condition—I may say happier condition—compared to that which he has been previously obliged to endure."

Those produced and attended by spasm are even less amenable to treatment than those resulting from paralysis.

"The spasmodic contractions are the most painful and difficult to treat, for although the deformity and contraction may be removed, yet we have hitherto been, and are at present, ignorant of any means of remedying the spasmodic condition of the muscles; and although by division of the tendons, and during the time the uniting medium is soft and yielding, you can easily hold the foot in any position, yet the cause exists, and the patient is unable to control his muscles. As soon as

the uniting medium becomes consolidated, the same irregular action is brought into operation, and support the limb by any method you may please to adopt, you cannot remove the cause or the effect. You will, however, even here, improve the condition of the limb with great care; but I would never advise recourse being had to the operation, if the foot or other articulation can be brought into position by the efforts of the hand alone; but if by such continued efforts you are enabled to restore the natural position of the foot, then divide the muscles, which, notwithstanding their spasmodic state, are contracted; and after the removal of the contraction, support the limb, and keep it as much as possible in a fixed position. I know of no cases that are more troublesome than these. It is a curious fact, that in these cases, where every muscle is affected, those of speech and deglutition as well, the intellects are perfect, although apparently weak, as the cause must exist in the brain or its membranes as well as in the spinal cord itself. The involuntary muscles are not in the slightest degree affected. The cause assigned as in most other non-congenital cases, is generally dentition or cerebral irritation, and you will frequently find talipes valgus of the one foot, varus of the other; never, however, in their more severe forms, as the opponent muscles, although possessing less power, and thereby admitting of the malposition are also in an active spasmodic state, and prevent the foot assuming the more severe malposition. This condition is said to be congenital. I have never seen a case in an infant, and although the parents assert that such is the case, I shall not be satisfied until I see it, as I think it most improbable, except in hydrocephalic congenital states; but even here I have not yet seen it. In the paralytic also you will find one foot affected with talipes varus, the other with valgus, or calcaneo-valgus; in fact, in either of the deformities I have mentioned, you will, in the spasmodic cases, which affect the whole of the muscles of the body, find contraction, either permanent or temporary, of the knees, and if not permanent, they will invariably be found in the flexed position on any attempt to exercise them on the part of the patient. The thighs will also be found adducted, and occasionally more or less contracted, in the flexed position; the pronators and flexors of the hand and arm preponderating in power, so that the patient can exercise no steady well-directed movement, nor even continue the position in which the hand or leg may happen to be placed; as for instance, in the attempt to hold anything in the hand, after having grasped the object, the hand will suddenly open with an irresistable impulse; nor has the patient any power to prevent this occurring.

"It is clear, therefore, gentlemen, that we are in total ignorance of any complete and successful remedy, for these cases;

it is therefore useless to enter more into detail, as anything that could be further advanced would be mere speculative theory. Galvanism has, in some cases of the less severe kind, been attended with partial success; but I much doubt if any positive beneficial results have eventually been obtained. You can, therefore, only place the joints in the relative position, and keep them in that position constantly, if the feelings of the patient will admit of it, but occasionally, from the violent spasmodic action of the muscles, you will find it necessary to intermit the treatment."

It is important that this opinion of so competent a judge should not be forgotten, since cases have been published as having been greatly benefitted by treatment. We have ourselves made trial of it under circumstances favorable for testing its merits, but without permanent success. A young man, 16 years of age, had been affected from infancy with spasmodic contraction of all the voluntary muscles, including those of speech. All the members were in a state of rigidity, in a position between flexion and extension, thighs adducted, total inability to raise or feed himself. The intellect apparantly good. He had early been treated by mechanical means alone without success. We divided, first, the tendons of the gracilis and adductor longus muscles, on each side, and applied extension by means of a suitable screw, and in a few days the knees were separated 18 inches, and could be retained there by the patient. Encouraged by this result, we next proceeded to divide the tendons of the biceps, flexor-cruris, semi-tendinosus, and semi-membranosus muscles, the knees were soon straightened, but in the mean time, spasmodic action returned in the adductors, and the knees were approximated as before. This proved the impossibility of success, although no doubt temporary improvement of his condition might have been effected.

Genu Valgum, or knock knee is the next subject of consideration.

"It consists in a relaxation and elongation of the internal lateral ligament, and the crucial ligaments must also yield more or less; for in the healthy or normal condition of the joint these ligaments admit of the smallest possible amount of lateral motion. This appears to be the primary condition; and if you will direct your attention to the position of the joint, and observe that it is at a distance from the point or points of pres-

sure in walking or standing, you will easily perceive that if the superincumbent weight of the body is thrown in any but a perfectly straight direction, with regard to the axis of the joint, if the tibia on which the femur rests is in an oblique lateral direction instead of a perfectly horizontal one, corresponding with the articular surfaces of the condyles of the femur, that this bone must press, in walking or standing, in an indirect and abnormal position, producing thus mechanically an increase of the deformity, of whatever kind it may chance to be; and when the foot is felt to incline outwardly, and the knees commence to touch each other, the malposition, as a rule, becomes daily increased in proportion to the extent at which the feet are separated from each other; the greater the distance according to a principle in mathematics, the more powerful will be the effects of pressure occasioned by the weight of the body, and the more rapid the increase of the deformity. The deformity is non-congenital—at least, I have never seen a congenital case, nor can I imagine how it could occur, provided we admit that congenital distortions arise from malposition in utero. The general cause is debility, and the specific causes the effects of detention, the various eruptive diseases to which all children are liable, also hooping-cough (in children)."

Sometimes it is combined with outward inclination of the other knee joint, and is often complicated with secondary affections, such as distortions of the feet, spine, &c. There is usually existing with it impaired digestion, tumid abdomen, flabby flesh, pallor of the skin, &c.

The treatment in the first stage consists in tonic and alterative medicines addressed to the general system, and straight board splints applied to the outside of the leg and thigh. In a more advanced stage, an angular splint with a screw may be necessary, and when tendons are contracted, our author recommends their division—this is not often necessary.

An affection, the opposite of that just described, viz: outward inclination, is sometimes found with the same state of the general system, i. e.: incipient rachitis.

"The treatment is general and mechanical: in children affected with this deformity, you will find very generally that unhealthy state of constitution I have already described, existing with those affected with the last mentioned deformity; this must, of course, be attended to by administering alteratives and tonics, with attention to the diet. The mechanical means we adopt consist of straight splints on the inner side of

the leg, extending high up above the knee, and below the internal malleolus, well padded at the points of pressure, and webbing straps applied round the leg and splint, so that a constant steady pressure may be kept up: it is only by the most gradual and uninterrupted treatment that good can be obtained, for you must recollect that not only the knees, but the bones also, are affected, and a child cannot bear any amount of continued pressure; it must be so applied that the child is subjected to no pain."

Flexion of the knee, and the various causes which produce it are next considered. There is nothing especially worthy of notice in this chapter, if we except a passage which has been quoted in another place, in reference to the cure of "white swellings." These flexions, in all cases, except in perfect anchylosis, he treats by division of the tendons of the biceps, and semi-tendinosus, and semi-membranosus muscles, and the application of an angular apparatus furnished with a screw. It is our conviction, that the division of the muscles in these cases is entirely unnecessary, and that the extension can be effected with great facility without it.

In speaking of true anchylosis of the knee joint, he pronounces a condemnation of the operation of Dr. Barton, of sawing out a wedge shaped piece from the femur, in order to straighten it. It is sufficient to say of this operation, that it is in these cases the only remedy except amputation, that it has succeeded in all cases in which it has yet been tried, and has as yet, we believe, proved fatal in none.

We have thus given an analysis of the first half of this work, enough, we think, to give our readers a knowledge of its scope and character, certainly all which our time and space will at present allow. The remaining chapters are devoted to the consideration of contraction of the thighs, rachitis, angular, posterior, and lateral curvature of the spine, wry neck, contraction of the lower jaw, of the shoulder joint, elbow, wrists, fingers and toes. In all of these much practical information may be gleaned. D. B.

PART III.—BIBLIOGRAPHICAL NOTICES.

ARTICLE VII.

A Lecture on the Physiology of Digestion, introductory to a Course of Lectures on the Institutes of Medicine and Materia Medica. Delivered before the Medical Class of the City of New York, at the Session of 1844-5. By MARTYN PAINE, A. M., M. D., Prof. &c. Fourth edition. New York. J. H. Jennings. 1844-5. pp. 24.

The Introductory Lecture, of which the above is the title, though published more than a year since, has just made its appearance upon our table. We notice it, at this time, for the purpose of giving our readers an example, showing the general character of the author's productions.

The Professor begins his remarks by assuming that there are, at this time, in our profession, three distinct classes of medical philosophers, the chemists, vitalists, and chemico-physiologists. The first "of these sects," to use the writer's language, "virtually regards organic nature as a part only of inorganic, endowed with the same properties, and governed by the same laws. It maintains, in short, that there is no real difference between a man and a stone. At the head of this school stands Liebig, the distinguished and able chemist. It is a great and powerful school, but is falling, daily, beneath the weight of its own vast errors and corruptions." "Contrasted with this," continues the Professor, "is the school of vitalism; and to the interests of this school, I may now say, the main efforts of my life have been devoted." * * "Finally, the third school, or that of chemico-physiology, endeavors to form, as it were, a bond of union between the schools of pure vitalism and pure chemistry, though such an alliance be as unnatural as human brains in a block of granite." Dr. Prout is honored with the rank of leader in this last named school. Thus it will be seen that Prof. Liebig and Dr. Prout are ranked with Prof. Paine himself, each as leader and expounder of the views of his own particular school.

The Professor then goes on to make some remarks on the physiology of digestion, in which, without facts or arguments in favor of his own views upon the subject, he makes numerous quotations from Liebig, taken in detached passages, and from the works of this author, in such connection as to make them appear, in his opinion, contradictory and absurd; and concludes by saying, "Such, then, are examples of the medley of contradictions in great fundamental principles, with which the writings of this very extraordinary and successful pretender in medicine, abound."

The writer does not stop with Liebig, but continues in suc-

ceeding remarks to speak in the most disrespectful, not to say abusive terms, of such men as Prout, Roget, Carpenter, Thompson and others, equally distinguished, and respected by the medical world for their scientific labors and acquirements.

Whether such harsh expressions towards devoted votaries to the science of medicine, even if their numerous conclusions do not always harmonize perfectly, add either honor or dignity to the name of one, who, to use his own expression, "stands up *alone* in the broad expanse of America in an open defence of the honor and dignity of the profession," we will leave for our readers to determine. W. B. H.

ARTICLE VIII.

Transactions of the Medical Society of the State of New York. Vol. VI. Part III.

The published transactions of this Society, now before us, present as usual, a collection of most interesting and instructive matter.

The Address of Dr. Thos. Hun, on *phlebitis*, delivered before the Albany Medical Society, expresses sound views,—gives evidence that the writer is thoroughly acquainted with his subject, and is in every respect, very creditable to the author. We shall transfer a part or the whole of it—space permitting—to the pages of this number, (the first of the selections) believing that it is one which will be both acceptable and instructive to our readers, especially as it treats of a disease more common than it was formerly supposed to be, and upon which little has as yet been written.

In the next article, Dr. N. S. Davis, under the head of "Observations on an *obscure point* in pathology," gives a few interesting cases, and makes some judicious remarks upon that class of diseases in which, without any appreciable organic lesion, numerous distressing symptoms frequently occur,—such as pain and distressed feeling in the region of the heart and stomach; sensibility to the heart's action; a sense of fullness in the pit of the stomach, and a strong desire for and relief from firm outward pressure,—symptoms, in fact, generally termed *nervous*, a word like that of *bilious*, as remarks the author, "about as often used to cover up professional ignorance, and satisfy the patient's curiosity, as it is to express any well defined idea of disease."

Dr. Davis concludes with the suggestion, that all of these distressing symptoms may depend upon a morbid condition of the system of organic nerves.

Next in order, is an Address, delivered before the Monroe

County Medical Society, by E. W. Armstrong, M. D., President of the Society, in which the claims of our profession to public confidence are clearly and eloquently presented.

After this comes an analysis of the testimony on the trial of A. Cornell, for murder, in which insanity was pled in defence.

Following this interesting analysis, is the Appendix, in which is presented an abstract of the proceedings of the Society. W. B. H.

ARTICLE IX.

A Treatise on the Practice of Medicine. By JOHN EBERLE, Professor of the Theory and Practice of Medicine in Jefferson Medical College, etc. etc., with notes and additions by George McClellan, M. D., in two volumes. Sixth edition. Philadelphia: Grigg & Elliott. 1845. pp. 569, 565. (From the Publishers.)

It is only necessary to announce this new edition of Dr. Eberle's work, edited by his friend and former colleague Dr. McClellan. "In sound medical learning," says the editor, "in judicious criticism, and discriminating tact, our author scarcely had his superior." The value of the work is greatly enhanced by the notes added to this edition, and these will be highly prized by all who know how to estimate Dr. McClellan's opinions on all practical points.

We ought, perhaps, to add, as an apology for the late appearance of this notice, that the copy sent some months since, only lately came into our possession. D. B.

PART IV.—EDITORIALS.

ARTICLE X.

The first No. of the new series of our Journal, which should have been sent to our Subscribers the first of April last, was unavoidably delayed in its appearance till the first of May. This, the second No., we publish when it is due, the first of June, thus allowing but one month instead of two, as will be the case hereafter, to elapse from one issue to another.

Having had but this short time, therefore, to hear from our correspondents, and for the reception of new works and exchanges, we are unable to give to our readers, at this time, an amount of original matter and recent medical intelligence, equal to what we intend shall appear in subsequent numbers.

ARTICLE XI.

LUNATIC ASYLUMS.

We have received the twenty-fifth annual report of the Bloomingdale Asylum for the Insane, for the year 1845. By Pliny Earle, M. D., Physician to the Asylum. Also the third annual report of the Managers of the New York State Lunatic Asylum, made to the Legislature, Jan. 23, 1846; comprising also the report of the Superintendant of the Institution, Amariah Brigham, M. D.

Both of these interesting papers contain much to cheer us with the hope that the praiseworthy efforts of those who are devoting their talents and lives to the alleviation and cure of Insanity, are fast acquiring the means of controlling this once most formidable disease, to an extent beyond the expectations of the most enthusiastic advocates of modern treatment.

As appears from the report of the Bloomingdale Asylum, the whole number in that Institution during the year 1845, was 242. Of this number, 125 were discharged during the time, 61 cured, 12 much improved, 20 improved, 20 unimproved, 12 died. In the New York State Lunatic Asylum the total number in the course of the same year, was 553. Discharged recovered 135, improved 78, unimproved 34, died 21. Total number discharged during the year 268.

In the report of Dr. Earle, we find the following important facts and conclusions:

"First. *As a general rule, the first measure in the curative treatment of Insanity, is to remove the patient from home, from acquaintances, and from all familiar scenes and associations.*

"Second. *When the insane are placed under the proper curative treatment in the early stages of the disease, from 75 to 90 per cent recover.*

"Third. *On the contrary, if they be not put under treatment before the disease has continued a year or more, from 15 to 20 per cent only, are cured.*"

In the report of Dr. Brigham of the New York State Lunatic Asylum, are some very judicious remarks upon the "neglect of the study of insanity, by physicians," which we place among our selections, with the view of directing the attention of our readers to this important subject. W. B. H.

ARTICLE XII.

ANOTHER MEDICAL SCHOOL.

A new Medical College is now being established at Memphis. Tennessee. So far as organised, the following appointments have been made by the Trustees.

J. M. Bybee, M. D., *Professor of Anatomy.*

D. J. M. Doyle, M. D., *Professor of Surgery.*

A. Hopton, M. D., *Professor of Chemistry and Pharmacy.*

G. R. Grant, M. D., *Professor of Theory and Practice.*

The Trustees invite applications for the chairs of Institutes and Medical Jurisprudence, Materia Medica, and Obstetrics. Applications to be sent previous to the first of July next, to R. H. Patillo, Secretary of the Board. W. B. H.

ARTICLE XIII.

We had expected a report of the proceedings of the National Medical Convention, from a delegate in our own vicinity, but as we have not received it in time for publication, we insert the following from the *Boston Medical and Surgical*

Journal of May 13; thus renewing our obligations to its efficient editor, who is never backward in communicating to the profession, early and interesting intelligence. W. B. H.

National Medical Convention.—The delegates to this Convention met at the Medical College of the University of New York on Tuesday of last week. At the preliminary organization, Dr. Bell, of Philadelphia, was Chairman, and Dr. Buel, of New York, Secretary. The committee appointed to examine the credentials of the delegates, reported that all accredited delegates from any regularly organized society, local and voluntary associations as well as regular colleges, institutions and societies, be considered members of the convention, which report was accepted. Sixteen States were found to be represented (by delegates from State or other societies), and a committee of one from each State was appointed to nominate officers of the Convention, who presented the following nominations, which were unanimously confirmed, viz.: for President, Dr. J. Knight, of New Haven, Conn.; for Vice Presidents, Dr. Edward Delafield, of New York City, and Dr. John Bell, of Philadelphia; for Secretaries, Dr. Arnold, of Savannah, Geo., and Dr. Stille, of Philadelphia. Dr. G. S. Bedford, representing the University of New York, then moved that whereas the original object of the Convention, that of a *National* representation, for the good of the profession, had been defeated by the non-representation of many of the States, and most of the Medical Colleges and Societies, the Convention adjourn *sine die*. This motion was seconded by Dr. Paterson, also of the New York University. The vote was taken individually, and not by States, and was decided by yeas, 2; nays, 74. On account of this motion, Dr. Clymer, of Philadelphia, moved that the future sittings of the Convention be held elsewhere than at the University College; and another member proposed an amendment, that an adjournment immediately be made to the College of Physicians and Surgeons. Drs. Bedford and Paterson disclaimed all intention of opposing the Convention, and it was decided that Dr. Clymer's motion be laid on the table. A committee of nine was appointed to bring the subject of Medical Education before the Convention, consisting of Drs. Davis, March, Hayes, Walter, Bush, Bell, Haxhall, and the President.

The accredited delegates present on Tuesday were from the following institutions:—Vermont—Castleton Medical College, Vermont Medical College; N. Hampshire—Centre District Medical Society; Connecticut—State Medical Society and Medical Institution of Yale College; New York—State Medical Society, Medical Society of City and County, Bloomingdale Asylum, College of Physicians and Surgeons, King's

Co. Medical Society, University of the City of New York, Buffalo Medical Association, Erie Co. Medical Society, Albany Medical College, Geneva Co. Medical Society, Geneva Medical College, Madison Co. Medical Society, New York Hospital; Pennsylvania—Philadelphia Medical Society, Pennsylvania College; New Jersey—private individuals; Delaware—State Medical Society, Medical Association of Wilmington; Maryland—Medical College of Baltimore; Virginia—State Medical Society; Georgia—State Medical Society; Mississippi—State Medical Society; Indiana—La Porte University; Illinois—Medical Department of Illinois College; Tennessee—State Medical Society; Rhode Island—State Medical Society. And on Wednesday, the State Medical Societies of Vermont and Missouri were represented, also the Lunatic Asylum of Hudson and the New York Lunatic Asylum.

The following resolutions were presented on Wednesday by Dr. Davis, of the Committee on Medical Eeducation, and after discussion were unanimously adopted:—

"*Whereas*, it has been shown by experience that the association of persons engaged in the same pursuit, facilitates the attainment of their common objects; therefore,

"1st. *Resolved*, That it is expedient for the Medical Profession of the United States, to institute a *National Medical Association*, for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

"2d. *Resolved*, That a Committee of seven be appointed to report a plan of organization for such an association, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

"3d. *Resolved*, That a Committee of seven be appointed to prepare and issue an Address to the different regularly organized Medical Societies, and chartered Medical Schools, in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention, to be held in Philadelphia on the first Wednesday in May, 1847.

"4th. *Resolved*, That it is desirable that a uniform and elevated standard of requirements for the degree of 'M.D.' should be adopted by all the Medical Schools in the United States, and that a Committee of seven be appointed to report on this subject, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

"5th. *Resolved*, That it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a Committee of seven be appointed to report on the standard of acquirements, which should be exacted of such young men, and to report at

the meeting, to be held on the first Wednesday in May, 1847.

"6th. *Resolved*, That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a Committee of seven be appointed to report a code for that purpose, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847."

Dr. O. S. Bartles, of New York, offered the following resolution, which after considerable discussion was referred to a committee of seven, by a vote of 58 to 23.

"*Resolved*, That the union of the business of teaching and licensing, in the same hands, is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and State and county medical societies, it should be restricted to one board, in such State, composed, in fair proportion, of representatives from the medical colleges, and the profession at large, and the pay for whose services, as examiners, should, in no degree, depend on the number licensed by them."

The Chairman announced the various committees on Dr. Davis' resolutions—as follows:—

"On the Organization of the National Medical Institution"—Drs. J. Watson, Stearns, Campbell, Stewart, Stille, Davis, Cogswell, Fenner.

"On the Address"—Drs. Knight, Ives, Dow, Sumner, McNaughton, Blatchford, Boswell, Baxley.

"On the Requirements for a Degree"—Drs. Haxhall, Cullen, Paterson (Va.), Norris, Flint, Perkins, Wing.

"On Preliminary Education"—Drs. Cowper, Bush, Thompson (Del.), March, Atlee, Brainard, Mead.

The closing business of the session, on Wednesday, as we gather from the New York papers, was as follows:—

Dr. Thompson's resolution of thanks to the Colleges, for the offer of their rooms for the Convention, was taken from the table and adopted. A member moved a resolution to call on the different medical societies, in the different States, to report the births, marriages and deaths in their several States. Carried.—A vote of thanks was then proposed to the officers of the Convention, for the manner in which they had discharged their duties. Carried unanimously.—A vote providing for the publication of the proceedings of the Convention, in pamphlet form, was then offered, and adopted.—A resolution was passed, providing for the arrangement of a system of nomenclature of diseases, with reference to the registration of deaths.—An invitation from Dr. Delafield (V. P.) to the members of the Convention, to visit him at his house to-morrow (Thursday) evening, was accepted, with thanks, and unanimously.—Dr. Bell (V. P.) moved that this Convention approve the designs and publication of the Sydenham (publishing) Society, in England. Adopted.—Dr. Cogswell offered a vote

of thanks to the chairman for the manner in which he had discharged the duties of his office. Adopted.—Prof. Knight (P.) briefly returned his acknowledgments.—And the Convention then ad-journed, *sine die.*

ARTICLE XIV.

MEDICAL CONVENTION AT ROCKFORD, ILL.

The adjourned meeting of the "Rock River Medical Society" took place according to notice, on Tuesday the 19th inst., at Rockford. We were present and were highly gratified by the zeal and unanimity exhibited, and the numerous attendance. It convinced us more than ever of the utility of meetings among physicians.

The address of the President, Dr. Goodhue, exhibited many interesting facts in regard to the early history of medicine in Northern Illinois, and contained sound and liberal views in reference to the conduct of practitioners. We hope hereafter to be permitted to lay some of those before our readers.

As this is the first Medical Society organized upon so extensive a scale in this region, we shall publish at length the constitution and laws in our next—they not having come to hand in season for the present No. D. B.

ARTICLE XV.

RUSH MEDICAL COLLEGE.

The annual announcement of this Institution is now in press, and will with the catalogue be distributed to the profession immediately. Since its first organization, this College has progressed in the confidence of the medical public, if the increase in the number of students can be taken as an index, more rapidly, it is believed, than any other western medical school at its commencement. The first class, three years since, numbered about twenty students, that in attendance during the past winter, numbered upward of fifty, showing an increase of one hundred and fifty per cent. It is a gratifying reflection that this increase has been brought about only by

the advantages for improvement which the school offers to medical students.

It affords already the conveniences of a fine building; the supply of the material for dissecting is abundant; it has a good chemical apparatus, a cabinet of materia medica, and a mineralogical cabinet, while the means for illustrating healthy and morbid anatomy, by preparations, morbid specimens, and engravings, are ample. Surgery also in its principles and by operations upon the living and dead subjects, is fully taught. But the motto of the school is "progress," and efforts are now being made for adding greatly to the means. These additions will consist of a library embracing about 600 volumes of well selected and valuable medical works, calculated for reference and accessible to the students, but not intended for furnishing them with text books; of a set of drawings of large size, illustrating all the principal deformities, and dislocations. A hospital, where practical knowledge on all the various forms of disease may be witnessed, will also be established, affording to students an opportunity of becoming *practitioners.* With these advantages, and the care which will be taken to instil into the minds of students, elevated and honorable views of the profession and its duties, the Medical College of Chicago, it is believed, merits the confidence and support of the medical men in this region.

PART V.—ABSTRACTS.

ARTICLE XVI.

MINUTE ANATOMY OF THE KIDNEY.

By a minute examination of the anatomical structure of the kidneys of one of the higher classes of animals, as of man, we find them composed of a secreting and a vascular apparatus.

The secreting portion, according to Bowman, consists of innumerable convoluted capillary tubes, the tubuli uriniferi. Each of these presents at its origin, where it is connected with the vascular apparatus, a cyst-like dilitation forming a cavity continuous with that of the tube, for the reception of that portion of the vascular apparatus, termed the Malpighian plexus.

The cortical substance of the kidney is composed, principally, of these tubes lined with their secreting cells of epithelium, which, like those of other secreting mucus surfaces, and like the cuticle, are continually being thrown off and renewed. Dr. Johnson has discovered that a very small quantity of fat is deposited in these tubes, even in a healthy condition of the organ.

As remarks Dr. Todd, "the condition of this epithelium affords a most important indication of the state of nutrition of the gland. If its nutrition be perfect, then its secreting functions will be well performed, and the epithelium will be healthy, but if, on the other hand, its nutrition is impaired, one of the results will be unhealthy secretion of epithelium."

The convoluted tubuli uriniferi pass towards the concave surface of the kidney, uniting in their course to form larger and more direct urinary ducts, which converge in groups to several points, thus forming pyramidal shaped bodies, the pyramids of Malpighi. The papillary apex of each pyramid, perforated by numerous openings by which the tubuli discharge their contents, is received into a cup like membranus sack, the calyx. The calices form three groups to communicate with as many cavities of large size, the infundibula, which also communicate with the pelvis.

The vascular apparatus of the kidney is formed from the

branches of the renal arteries, which divide and subdivide till they terminate at length in small tubes, the Malphighian arteries. Each of these small vessels passes to one of the dilated extremities of the tubuli uriniferi, pierces through its walls, and, by dividing into numerous very minute capillaries, forms within the cavity a vascular rounded tuft, the Malphigian plexus.

The walls of the minute vessels forming this plexus are thin and transparent, well adapted, evidently, for the passage of fluids. From the interior of the plexus a single vessel takes its origin, which, passing out of the cavity through its walls, breaks up again into numerous small vessels, which form another capillary plexus around the tubuli uriniferi, termed the portal-plexus, so named from the fact that the blood, as in the portal veins, passes through two sets of capillaries and furnishes the material secreted by the kidney, as in the liver, during its passage through the second set of vessels. The following is the language of Dr. Carpenter upon this subject:

"The *cells* lining the Tubuli Uriniferi are probably here, as elsewhere, the instruments by which the *solid* matter of the secretion is elaborated; whilst it can scarcely be doubted that the office of the Corpora Malpighiana is to allow the transudation of the superfluous fluid through the thin-walled and naked capillaries of which they are composed. 'It would, indeed,' Mr. Bowman remarks, 'be difficult to conceive a disposition of parts more calculated to favor the escape of water from the blood than that of the Malpighian body. A large artery breaks up in a very direct manner into a number of minute branches; each of which suddenly opens into an assemblage of vessels of far greater aggregate capacity than itself, and from which there is but one narrow exit. Hence must arise a very abrupt retardation in the velocity of the current of blood. The vessels in which this delay occurs are uncovered by any structure. They lie bare in a cell, from which there is but one outlet, the orifice of the tube. This orifice is encircled by cilia, in active motion, directing a current towards the tube. These exquisite organs must not only serve to carry forward the fluid which is already in the cell, and in which the vascular tuft is bathed, but must tend to remove pressure from the free surface of the vessels, and so to encourage the escape of their more fluid contents.'

"There is a striking analogy between the mode in which the Tubuli Uriniferi are supplied with blood for the purpose of elaborating their secretion, and the plan on which the Hepatic

circulation is carried on. The secretion of the Liver is formed from blood conveyed to it by one large vessel, the Vena Portæ which has collected it from the Venous capillaries of the chylopoietic viscera, and which subdivides again to distribute it through the liver. The secretion of the Kidney, in like manner, is elaborated from blood which has already passed through one set of capillary vessels,—those of the Malpighian tufts; this blood is collected and conveyed to the proper *secreting* surface, not by one large trunk (which would have been a very inconvenient arrangement) but by a multitude of small ones,—the *efferent* vessels of the Malpighian bodies, which may be regarded as collectively representing the Vena Portæ, since they convey the blood from the systemic to the secreting capillaries. Hence the Kidney may be said to have a *portal* system within itself."

The renal or emulgent veins are formed of branches from the portal plexus above described.

Some objections were at one time raised to the views of Mr. Bowman, adopted by Dr. Carpenter as quoted as above. Dr. Garlach, however, has more recently thoroughly investigated the subject. The result is that in all of the most important points he has arrived at the same conclusions with Bowman. The only points of difference are noticed in the following quotation from Rankin's Abstract, Part 2d.

"The fact of the direct continuity of the Malpighian capsules with uriniferous tubules, as discovered by Bowman, was clearly confirmed, but it would seem that Bowman's account, which describes the tubules as terminating in these capsules as by so many blind pouches, is not quite correct: the capsules are merely offshoots, or sac-like dilations from the sides of each tubule with the cavity of which they communicate by a slightly narrowed neck, and are not placed at the terminal extremeties of the tubules. Gerlach states that a tubule, having given rise to a pouch, continues its way onwards, forming fresh pouches here and there, and eventually terminates, not in a blind extremity, but by forming a loop; and these loops which the various tubules form have, doubtless, been mistaken for so many blind extremities.

"A curious circumstance remarked by Bowman was that each Malpighian tuft lies quite free within the cavity formed by the capsule, uncovered even by a layer of epithelium: this being the only known instance of a blood-vessel lying bare on a secreting surface, naturally attracted much attention, and was discredited by Reichert and others. Bowman inferred from such an arrangement that the watery and soluble parts of

the urine are distilled from the blood of the vessels composing the tufts, whilst the essential elements of the urinary secretion are eliminated by the cells lining the internal surface of the tubuli uriniferi. Gerlach states that he examined this point, and found upon removing the capsule, that the Malpighian tuft was completely covered by a thick layer of nucleated cells. This layer he states to be continued from the one which lines the entire internal surface of the capsule, and which is reflected from this surface on to the Malpighian body, just as the peritoneal coat lining the internal surface of the abdominal cavity is reflected on to the intestines; in both cases a space exists just at the point of reflection which is uncovered by epithelium. The vessels composing the Malpighian tuft therefore are in immediate contact with, or imbedded in a thick layer of nucleated cells, which, doubtless, are actively engaged in carrying on the process of urinary secretion."

ARTICLE XVII.

BLOOD IN DROPSIES WITH ALBUMINOUS URINE.

In the Abstract in our last number upon the Physiology and Pathology of the Blood, want of space compelled us to defer, for the time, the consideration of that important pathological condition of this fluid, in which there is a diminished amount of the albumen of the serum.

Dropsical effusions, as has been proven by numerous investigations upon this subject, are, generally, coincident with this abnormal condition of the blood.

This being admitted as a fact, we are naturally led to inquire why it is that a tendency to dropsy follows thus, a loss of albumen?

We may obtain some light upon this point by inquiring into the composition of the effused fluids, and into the general condition of the system in dropsies. Investigations upon this subject show, "that the serosity which has been effused, even while remaining composed of the same materials as the serum of the blood, contains, proportionally, more water than this fluid, and much less of the organic principles, particularly albumen."

In thirty-six analyses of dropsical fluids made by Andral, the maximum amount of albumen was 48, and the minimum 4,—68 or 70 being the normal proportion in the blood

The relative amount of albumen in these fluids, seems not to be influenced either by the seat or cause of the disease; the variation seemed rather to depend upon the general condition of the patient. In proportion to the varying strength of the constitution, albumen increases or diminishes. In cases of hydrocele, where the constitution remains comparatively strong and healthy, the amount of albumen varies from 35 to 59, while, on the other hand, in ascites and other dropsies, attended with much general debility, the amount of this constituent is small.

It may be remarked, also, that the amount of albumen in the fluids, effused from inflamed surfaces, is large in proportion to the activity of the inflammatory action. The above facts seem to indicate that impoverished and thin blood passes more readily through relaxed and debilitated tissues, and that these combined pathological conditions of the solids and fluids are the immediate causes of dropsical effusions.

As to the remote causes of these abnormal conditions, Andral remarks that "cases of dropsy following insufficient alimentation have been cited, and Dr. Graspard has even reported a true epidemic of this kind, that prevailed in 1816, through several departments of the interior of France, as a result of a great scarcity which had afflicted those districts. The inhabitants had been reduced to seek their food among the roots and herbs of the fields. A large number of them became dropsical. History informs us that the same thing has occurred at other epochs, under the influence of the same circumstances. It is probable that in these singular epidemics, the insufficiency of alimentation must have modified the composition of the blood; that there was the point of departure of the dropsy, and it is allowable to conjecture that the blood under the empire of this influence experiences a diminution of its albumen."

Dropsical effusions and deficiency of albumen are generally simultaneous pathological conditions. In some cases, however, the cause of dropsy seems to act mechanically, by obstructing the circulation and thus causing congestion and a consequent effusion, of the blood's more fluid constituents, through the coats of its vessels. Examples of the kind are presented in cirrhosis of the liver, preventing the passage of blood from the portal veins, thus causing ascites; and in such

cardiac diseases, as of the valves &c., which prevent the free return of blood from the systemic veins, producing general dropsy.

But of all the diseases concomitant with dropsical effusions, those of the kidneys, producing albuminous urine and a consequent diminution of the blood's albumen, are the most common and important. We will now, therefore, give a brief synopsis of the more recent and generally adopted views of pathologists upon this class of diseases.

We will premise, however, that in order fully to comprehend the changes, caused by disease in the structure or function of an organ, it is important that we should first thoroughly understand its healthy organization and physiological action. We have given, therefore, in the preceding article a brief history of the minute anatomy of the kidney, and of the more modern views with regard to its functions.

Dropsical effusions with albuminous urine, may be said, in general terms, to depend upon a diseased condition of the kidney, by which the free circulation of blood through its capillaries is prevented. Upon referring to the structure of these glands, it is evident that the blood in its course from the renal arteries to the emulgent veins, must pass through both the Malpighian and portal plexuses, the former being within the cyst-like dilitation which communicates directly with the tubuli uriniferi, the latter external to and surrounding the walls of these excretory tubes. It is evident, then, that an obstruction to the passage of blood through the portal plexus would cause an accumulation and congestion to take place in the Malpighian tuft.

The texture of the vessels forming the Malpighian plexus, being thin and delicate, and peculiarly favouring the passage of fluids; in the diseases under consideration, and in consequence of such a congestion, the serum of the blood exudes from them into the uriniferous tubes, and in cases of long continued and much congestion, the pressure is often such as to produce a rupture of the coats of these vessels, and a consequent escape of other constituents of the blood.

Albuminous urine then, is indicative of an amount of congestion in the Malpighian plexus, sufficient to cause an exudation of serum, of which albumen is one of the principal ingredients, through the coats of these capillary vessels. And

whenever red globules appear in the urine, it is an evidence of rupture of the walls of these delicate tubes.

The serum of the blood may escape and produce albuminous urine, either with or without this laceration of the vessels. When, however, this fluid has a smoky appearance, indicating the presence of blood capuscles, or shows indications of fibrine, by the presence of coagulated fibrinous moulds of the tubuli, we have unmistakeable evidence of rupture of the capillaries of the Malpighian plexus.

It appears, then, that these abnormal constituents of the urine in these cases, are not secretions from the kidney, but proximate elements of the blood, which have escaped from vessels, ruptured by congestion, produced by obstruction to the circulation in the portal plexus.

This obstruction, according to Dr. Johnson, is produced by the accumulation of epithelium cells in the tubuli, distending and pressing them together so as to prevent the free passage of blood through the portal capillaries by which they are surrounded. This accumulation may take place suddenly and rapidly, producing congestion and the consequence, acute or inflammatory dropsy; or gradually and slowly, and in connection with fatty depositions, as in fatty kidney or Bright's diseases.

The first mentioned and more acute form of renal disease is generally caused by irritating matters retained in the blood, as for instance the cutaneous excretions, not eliminated when the functions of the skin have been checked by disease or exposure to cold. For as the cutaneous and renal functions are similar and at times reciprocal, the irritiatng matters not excreted by the skin, in such cases, seek a passage from the system through the kidneys, causing increased action, irritation, congestion, and a morbid generation and accumulation of epithelium cells.

The following case, reported by Dr. Todd, will serve to illustrate.

"A woman 25 years of age was admitted to the Hospital in the sixth month of her pregnancy. She had always enjoyed good health till about a month ago, when she caught cold, and became troubled with cough and hoarseness. A fortnight after this, she observed a swelling of the labia pudendi and of the legs; her urine became scanty, and in it she noticed a red se-

diment. When she came into the hospital there was considerable œdema of the labia, and of the lower extremities, accompanied with some fluctuation of the abdomen. The urine was scanty, smoky, and highly acid; it was turbid, and abundantly albuminous; it contained lithate of ammonia, and had a sp. gravity of 1.027. The microscope was not used; but the presence of blood was sufficiently evinced by the smoky and albuminous character of the urine. The skin was dry. In this case I endeavored to promote the healthy action of the skin by the use of warm baths, and by the administration of Dover's powder and antimony. Under this treatment the albumen soon disappeared from the urine, and the dropsy from the legs, and in twelve days all the symptoms that had previously been present had vanished."

"In these classes of cases, the aim of the treatment must be to restore the healthy action of the skin, to relieve congestion, to purify the blood of noxious ingredients by promoting the various excretions. How far the treatment to be pursued may be antiphlogistic, or more or less stimulant and tonic, must depend in a great degree on the peculiar circumstances of each particular case."

It has already been stated that there are certain affections, during the course of which, or subsequently, the dropsical diseases under consideration often appear. During the continuance, or after an attack of scarlet fever, for instance, dropsical effusions with albuminous urine frequently supervene, producing fatal effects often, when the original disease has been of the mildest form. Facts leading to more correct pathological views with regard to these cases, are, therefore, interesting and of great practical importance.

Why is it, then, that dropsy with albuminous urine, follows so frequently an attack of scarlet fever?

It is a well known fact, that the "scarletina poison" effects, by its morbific influence, all the organs of the body, producing general irritation, congestion, and a depressed condition of the vital powers. Among other effects, it is evident that the healthy functions of the skin must be greatly impaired, if not entirely suspended, thus causing an increased flow of morbific matter to the kidneys, and adding to the irritating and depressing influence already acting upon these organs. It is also true that exfoliation takes place, not only of the cuticle from the integuments covering the body, but also of epithelium scales, from the mucous membranes, lining cavities, and excretory tubes.

It seems, then, that coincident with, and following an attack of scarlet fever—the morbific cause of this disease, irritating matters not excreted by their proper organs, increased action, and a tendency to the production of an exuberance of epithelium, are all causes acting upon the kidneys to produce congestion and rupture of their Malpighian capillaries, and as the consequence, dropsical effusions and albuminous urine.

The following is a case in point:

"A boy, five years old, has had scarlet fever, which seems to have run its usual course. About three weeks after the abatement of the fever he became universally dropsical. His urine was found to be scanty in quantity, smoky in colour, presenting a dark appearance, as if mixed with carbonaceous matter. On the application of heat, or of nitric acid, it yielded an abundant precipitate of albumen. Under the microscope other constituents of the blood were plainly seen, namely, blood discs and fibrinous casts of the uriniferous tubes. There was also a large quantity of lithic acid. The skin was dry, not freely secreting, and some fever was present. In order to promote the action of the skin, I employed the warm-bath and sudorifics, liq. ammon. acet. with nitre, and as the presence of blood in the urine indicated congestion of the kidney, a few leeches were applied to the loins. Not three days have passed, and the dropsy is almost cured. The urine is more copious, less albuminous, and less smoky."

The treatment in cases like the above, should be upon the same general plan as that previously recommended.

There is still another most formidable disease, which, though slower in its progress, and differing in its pathology from those already described, produces, in the blood and urine, the same pathological changes.

From what has been said of the diseases already described, it appears that in cases following exposure to cold and other causes, which act promptly and suddenly, the obstruction to the circulation, in the portal plexus, is caused by an accumulation of epithelium cells in the tubes of the kidney, in unusual quantities, but normal in quality. In Bright's disease, on the other hand, the obstruction is caused, not by an accumulation of healthy epithelium cells, but by a morbid deposition of fat distending and filling their cavities.

It appears, from recent investigations upon this subject, that a small quantity of fatty matter is naturally deposited in the epithelium cells of the kidney, and that its abnormal accumu-

lation, distending these cells and filling the tubuli, obstructs the circulation in the capillaries of the portal plexus, and thus causes congestion of the Malpighian tuft, albuminous urine, dropsical effusions, and at length suppressed secretion, followed by all the fatal effects consequent upon retention of urea in the circulating fluid.

With regard to the accession and progress of Bright's disease, it may be remarked that it presents in its course three distinct stages, indicating a greater or less deposition of fatty matter.

The symptoms, in the first stage, are remarkable for their abscurity, and for the absence of any marked indications of renal disease. The most prominent symptoms are those of dyspepsia, imperfect assimulation secretion and excretion, with indications of deficiency of the blood's globular element.

These signs of disease are, often, so slight, however, as not to attract the attention of the patient or his friends, and even, when a physician is called, he finds no certain indication of the disease in this insipient stage, unless by a microscopical examination, fatty epithelium cells are discovered in the urine.

The second stage, being that in which medical advice is generally first sought, is characterized by pain in the loins, pallid countenance, edema of face and lower extremeties, dyspepsia, frequent micturition, especially at night, and urine albuminous or showing the presence of other ingredients of the blood, and in all cases containing fatty epithelial cells.

The disease, in this stage, is, often, of such an acute character as to lead to its being attributed to inflammation.

In the third and last stage the dropsical effusions are general, there is anasarca and often ascites; the urine is albuminous, and its secretion imperfect and in small quantity, consequently, there is a retention of urea in the blood, giving rise to epilepsy, fatal coma, and other cerebro spinal affections, indicative of its poisonous effects.

The pathological changes indicative of Bright's disease, are irregular vascular congestions, of the structure of the Kidney, the vessels being full at some points, and empty at others, giving a tuburculated and mottled appearance to the surface of the organ. The true and never failing pathological change in Bright's disease, however, is the presence of epithelium cells filled with fat, and distending the tubuli.

This fatty deposition in the cells of the kidney is produced evidently by similar, if not the same causes, which give rise to fatty liver, in which there is an accumulation of the same matter, in the epithelial cells of this organ.

"The frequent association of fatty liver with fatty kidney strongly indicates that the two diseases are closely allied to each other, and owe their existence to a similar, or even to the same cause. There is no evidence that this disease is inflammatory. Fat is certainly not a product of inflammation, nor do we find any of the inflammatory products in the kidneys in this disease. No pus, no gangrene, no lymph, in the substance of the kidney. To explain the disease, we must look to those circumstances which favour the formation of fat; deficiency of oxygen, want of exercise, impure air, and the like.

"Mr. Simon and Dr. Johnson have artificially produced the disease. They kept cats for some time in the dark, causing them to breathe impure air, and to live on unwholesome food. The results were, that they were enabled to trace the disease through its three stages. They drew off the urine from the bladder by a catheter, and examined it from time to time; they found that first fat began to appear in the urine, with numerous gorged cells. There was soon a tendency to dropsy, and the urine became smoky and albuminous. The dropsy increased, the urine became scanty, and death from suppression followed.

"In the treatment of the disease, we must look to the particular stage in which we find it. If perchance the patient applies for advice in the very earliest stage, and the physician is fortunate enough to detect it, the disease may be cured. If, before mechanical obstruction and its consequences have arisen, the mode of life and the habit of the person be changed by pure air and careful attention to diet and exercise, then it is quite possible that the coming evil may be averted. Unfortunately, however, a patient seldom applies for medical aid thus early.

"In the second and third stages we can only palliate suffering, by relieving congestion, promoting the flow of urine, and the action of the skin; and perhaps we may check the tendency to the abnormal deposit of fatty matters, by restricting him to a diet which contains neither fat nor butter, nor any of those nonazotized substances which are nearly allied in chemical constitution to fat, and are easily convertable into it—such as starch, sugar, potatoes, &c. We must not allow fat, butter, and such things, to be taken, nor any of those substances which, like potatoe, starch, &c., are easily convertable into fat." W. B. H.

PART VI.—SELECTIONS.

1. *Phlebitis.*—The internal surface of the whole vascular system, by which it comes in contact with the blood, is lined with a delicate serous membrane, which is the seat of several interesting diseases. That portion of it which lines the cavities of the heart, is liable to become inflamed from rheumatism and other causes, and thus is laid the foundation of most of the organic diseases of this organ. The lining membrane of the arteries is also the seat of inflammation in the disease called the dry gangrene, and in other cases, its inflammation causes the deposition of calcareous and cartilaginous matters which terminates in the production of aneurisms. The lining membrane of the veins is even more than the preceding liable to inflammation from mechanical injuries, surgical operations and other causes, and a train of morbid phenomena is thereby induced which has not been well understood until of late years.

The effects of Phlebitis are of entirely different character accordingly, as it terminates by adhesion, or passes on to suppuration.

Adhesive Phlebitis.

It has been demonstrated by experiments on animals and by pathological observations, that whenever inflammation is excited in the lining membrane of any part of the vascular system, the blood has a tendency to become coagulated in the part which is the seat of the inflammation. In endocarditis, fibrinous concretions are very commonly found in the heart after death, and probably in many cases have a direct agency in causing death. In arteritis, the blood becomes coagulated in the veins, and in this way is produced the dry gangrene of the extremities in old people; and in other cases where the inflammation is acute and more extensive, a rapid gangrene of the whole limb occurs. Ollivier and others mention cases in which the pulmonary artery was inflamed, and death had been caused by the mechanical obstacle to the circulation opposed by the coagulum contained in the vessel. I shall presently allude to a case in which an inflammation of the venous sinus of the brain caused death by obstructing the circulation through this organ.

The first effect of Phlebitis, is then, to cause the formation of a coagulum which obstructs the circulation through the inflamed vein.

It is difficult to offer any explanation of this tendency of the blood to coagulate in an inflamed vessel. Indeed to do this, it would be necessary first to explain why the blood remains fluid while circulating in healthy vessels. This fluidity does not depend on its motion, nor on the exclusion of air, nor on

any other mere mechanical or physical condition, for all these conditions may be maintained in blood which has been drawn from a living vessel, and yet it coagulates. The fluidity of the blood in the living body depends on some nervous influence exerted on it by the walls of the vessel, and accordingly it is found that where this nervous influence has been diminished, the tendency of the blood to coagulate, is increased. After blows on the head, the blood coagulates rapidly, as well as after hemorrhages; so that if in drawing blood from a patient, we receive it in separate cups, we find that the portion last drawn coagulates most rapidly on account of the tendency to faintness which the loss of blood has occasioned. Thus it is, that by an admirable provision of nature, the faintness, caused by the loss of blood, has a tendency to stop accidental hemorrhage, not only by diminishing the impulse of the heart, but also by the increased disposition of the blood to coagulate and thus plug up the bleeding vessel. Hence too, the utility of rapid abstraction of blood, so as to induce faintness, in cases of internal hemorrhage.

All that can be said in explanation of the coagulation of the blood in an inflamed vessel, is that it depends on a diminution or perversion of the nervous energy in the part.

I return from this digression, to trace the phenomena which follow this coagulation of the blood in an inflamed vein. Gradually the colouring matter is absorbed, so as to leave a fibrinous mass, which after a time becomes organized, and the vessel is thus converted into a solid cord. In other cases, when the inflammation is more limited, or less severe, the coagulum may be washed away by the current of blood, and the circulation through the vessel restored as before.

These are the changes which occur in what is called Adhesive Phlebitis. They are of little importance, and in general, give rise to no constitutional disturbance. However, besides these local changes, some other disturbances may occur which depend on the mechanical obstruction to the circulation caused by the obliteration of the veins. The extent of these secondary disturbances will depend on the size and situation of the vein which is the seat of the inflammation.

When the calibre of a small venus trunk is thus obliterated, the blood readily makes its way through collateral branches by reason of the free anastomoses existing in all parts of the venus system, and no notable derangement of the circulation ensues. But when large venus trunks are inflamed, and the inflammation extends to their ramifications, serious accidents may be produced by their obliteration. The impediment to the circulation causes a venus congestion in the part, and this is followed by tumefaction, serous effusion in the cellular tissue, and functional derangement of the organ effected. When an important organ is thus effected, death ensues.

One of the most frequent cases of Adhesive Phlebitis is seen in the disease called Phlegmasia Alba Dolens.

It has been remarked by Cruveilhier, that the uterus after labor is in the condition of a wounded organ, and inflammation of its veins invariably follows, and more particularly of those situated where the placenta was implanted. In the great majority of cases, this inflammation subsides after a few days, and gives rise to no functional disturbance, but in some cases it extends to the large veins of the pelvis, and thence to the crural veins and their ramifications of one side, and then we have the symptoms of Phlegmasia Alba Dolens.

Suppurative Phlebitis.

It is well known to surgeons, that certain conditions of the constitution, and certain external influences give to all wounds a strong tendency to pass to suppuration. Among these external influences are the effluvia of large cities, and still more of crowed hospitals, so that surgeons practising in such circumstances rarely see an amputation healing by adhesion. Now it is precisely in these conditions that Phlebitis has also a tendency to pass to suppuration, and then it gives rise to a train of results which I am now to describe.

When suppuration is about to occur in an inflamed vessel, it is preceded by the formation of a coagulum which obliterates its calibre. This coagulum is more dense at its surface where it is in contact with the vessel than in its central part, and hence, when suppuration commences in the walls of the vein, the pus passes by infiltration into the centre of the coagulum. If the vein is examined at this stage of the disease, there is found a purulent collection in the centre, surrounded by a fibrinous coagulum adhering to the walls of the vein, and forming, at either end, a dyke which prevents the mixture of the pus with the blood. As the collection of pus increases it may make its way through the vessel and point externally, and then we have a superficial abscess communicating with the cavity of a vein. Such abscesses, it would seem, are not very uncommon in surgical practice, though it is not always easy to determine their character. This disease is still local, and gives rise to no constitutional disturbance; it is not more serious than adhesive Phlebitis.

We now come to the case in which, the coagulum which plugged up the vessel, and separated the purulent deposite in its interior, from the blood, gives way and allows the mixture of pus with the blood. The occurrence of this accident is marked by the most serious symptoms, pointing to a termination almost invariably fatal. The patient, whose position up to this time had presented nothing alarming, is suddenly seized with severe chills, followed by typhoid prostration, and death occurs in from eight to fifteen days.

This is the *Purulent infection of the Blood.*

Examinations after death from this cause, show the inflamed veins filled with pus and sanguine concretions. This purulent matter can be traced along the veins towards the heart. Some have supposed that they had detected pus globules in the blood by a micoscropic examination, but there are some circumstances which render this proof of their presence in this fluid doubtful. M. Mandl has found in healthy blood, fibrinous concretions which might readily be confounded with pus globules. The most striking appearance in these cases is the great number of abscesses found in the lungs, liver, brain and muscles. Purulent effusions are also found in the joints. Dance has particularly described the appearance of these abscesses, and his description is important as indicating their mode of formation. He establishes three stages of their development. In the first stage, there is found a sort of ecchymosis or sanguineous infiltration, in the midst of, and around which, are found veins containing pus; the second stage consists of the formation of a nucleus which is hard and first of a blackish and afterwards of a whitish colour; finally, in the third stage, this nucleus softens and is converted into a purulent collection which at first occupies the centre, and then the whole of the engorged portion. These three stages are commonly seen in the same subject. Sometimes death takes place before any of these lesions have passed beyond the first stage. These abscesses have been called *Metastatic* from an erroneous view of their mode of formation.

The symptoms of the purulent infection of the blood have been very well detailed by Berard, as follows:

"It is announced by a violent *chill*, more or less prolonged. The feeling of cold is intense and the patients ask for more covering as in intermittent fever. This symptom had been noticed by good observers, who had recognized the danger of it before its true meaning had been discovered. Have you had chills? Such was the question which Dupuytren always addressed to those on whom he had operated. To this succeeds a marked heat and reaction, followed by a sweat which is viscous and not critical. The chills are renewed within twenty-four hours, and afterwards several succeed each other at intervals. It is only in the first days that the chills are intense; they are afterwards transient or even entirely wanting."

"The pulse is always very frequent, its other characters are variable; towards the end it becomes small and thready."

The patients are often delirious during the night. During the day, they are unconcious of the danger of their situation; they suffer little, and if questioned, answer that they feel well.

"At an advanced period of this disease, the skin takes a

yellowish tinge as in jaundice, but the other signs of jaundice are wanting."

"The urine and other excretions are fetid; diarrhœa often present."

"Purulent collections sometimes form in the cellular tissue; at other times pus collects in some of the articulations."

"Sometimes there are symptoms and signs indicating the formation of abscesses in the viscera, but in general they are difficult of detection. The abscesses of the lungs are too small to give rise to any decided signs by auscultation, or to produce much flatness on percussion. They are accompanied by a slight cough and sometimes by rusty expectoration."

"When the metastatic abscesses have caused an inflammation of the serous membrane covering the organ in which they exist, it is then possible to detect the presence of this inflammation. Such cases are common."

"As to the progress of the disease it is generally rapid. Death occurs in eight, ten, or twelve days, but some resist the disease during several weeks. The rapidity of the accidents is in proportion to the quantity of pus which has passed into the veins. Sometimes at the end of twenty-four or thirty-six hours, there is an apparent improvement which is very apt to deceive."

It had been remarked by the older surgeons that after blows on the head the patient sometimes died after exhibiting the symptoms similar to those I have described, and that abscesses were found in the liver and other organs. They had also observed similar occurrences after surgical operations followed by suppuration. The numerous abscesses observed after death were ascribed to the absorption of the pus from the suppurating surface and its transfer and deposit in the different organs, and for this reason these were called metastatic abscesses. Other explanations more or less fanciful were offered, but I believe, that it is to Dance that the honor is due of having first pointed out the connection of these accidents with Phlebitis.

In large cities and still more crowded hospitals, it is very rare to find wounds uniting by the first intention; they almost invariably pass to suppuration. It is in such situations that it is so common to see patients die after amputations or even after much slighter operations, exhibiting the symptoms during life, and the lesions after death which I have described as belonging to the purulent infection of the blood. This train of accidents, leading almost always to a fatal termination, occurs with deplorable frequency in the hospitals of Paris after amputations, and though with less frequency, it happens in the practice of all surgeons.

"When," says Berard, "purulent infection succeeds to a surgical operation or accidental injury, the wound after being painful, suddenly changes its appearance; its edges fall in and

the granulations on its surface become soft and flabby, and pale. The pus is serous and fetid; its quantity does not diminish sensibly during the two first days, but after this, it becomes less abundant. If a bone has been divided, its surface is dry and of a grayish colour."

In what manner does the blood become infected in these cases?

I have already said that the older surgeons accounted for the formation of the abscesses found after death, by supposing the absorption of pus from the wound, and its conveyance by the circulation to the different organs where it is deposited; so that, in this view, the pus found in the abscesses was produced by the wound. This opinion appeared to derive confirmation from the dryness of the wound in such cases. It must, however, be observed that this dryness does not occur until about two days after the first symptoms have manifested themselves, and hence it must be looked upon as a consequence and not as a cause of the disease. But there are other considerations which render such an explanation inadmissible.

When pus is examined under a microscope, it is found to consist of globules floating in a fatty albuminous fluid, or liquor puris. These globules are notably larger than the disks of the blood, and modern physiology has shown that there are no openings in the capillaries by which bodies of this size could be introduced. The absorption of pus unchanged is therefore impossible.

Indeed we do find that purulent effusions are sometimes removed by absorption, as in the case of some abscesses in the pleura. In such cases, the absorption gives rise to no constitutional disturbance, because the pus has not been absorbed until it has undergone a change, which has deprived it of its distinctive characters, and thus rendered its introduction into the blood harmless. First, only the fluid portion is absorbed, leaving the globules, which either remain as a solid mass, or are dissolved before they are absorbed.

The pus which infects the blood must then come from some other source than the suppurating surface. This source was first pointed out by Dance, and his views have been adop ed and carried out by Cruveilhier and other pathologists.

The veins around a suppurating surface are necessarily involved in the inflammation. In ordinary cases this inflammation is of the adhesive character, and hence no general disturbance is caused by it. But under miasmatic influences, and in certain states of the constitution, there is, as already stated, a tendency in all inflammations to run into suppuration. Hence, in these circumstances, the inflamed veins around the suppurating surface secrete pus, which passes into the mass of the blood, as in the cases of inflammations of the larger veins. There is therefore no essential difference between the mode

of production of the purulent infection of the blood from a wound or suppurating surface, and that which follows the ligature or other injury of a large venous trunk. The difference consists in the mode in which the inflammation is caused; in the one case it is by direct violence, in the other case by contiguity to an inflamed part. Phlebitis necessarily exists around a suppurating surface, and accordingly as it is of the adhesive or suppurative character will it be harmless or fatal.

Where there are veins around a suppurating surface which from being situated in bony structure, or from their connexion with fasciae, remain patulus, this accident is most likely to occur; not because the pus is sucked in by the effect of atmospheric pressure, as has been said, but because the pus coming in contact with the lining membrane of their veins, excites inflammation in it. For this reason, surgeons who practise in hospitals are much more apprehensive of the results of operations in which bones are divided, as amputations, than of those which involve only the soft parts. This explains also the occurrence of this accident after blows on the head, which excite inflammation in the diploic veins of the cranium, and when this passes to suppuration, it leads to the purulent infection of the blood. Hence those abscesses of the liver which so much puzzled the older surgeons.

Surgeons practising in healthy localities have rarely occasion to witness this terrible disease, although no locality can procure an entire exemption from it, nor can any care always guard against it. It is the scourge of crowded hospitals, and causes a frightful mortality among the amputated and wounded.

There is yet another mode in which this accident may be produced. As has been before remarked, parturition is always followed by Phlebitis, which in ordinary cases, passes off without notice. In other cases, it extends to the veins of the pelvis and even of the extremities, and causes phlegmasia alba dolens. Again in other cases, in consequence of the bad air of hospitals, or other causes, this Phlebitis passes to suppuration, purulent infection of the blood follows, and then we have the most fatal form of puerperal fever.

Thus it is, that Phlebitis, whether it takes place in the larger veins from direct injury, or in smaller veins from their contiguity to an inflamed surface, or in the veins of the uterus after parturition, may terminate in suppuration, and produce the purulent infection of the blood. Surgeons had long been familiar with the fact, that death often occurred after amputations and similar injuries, and with the appearances presented by the organs after death, but their interpretation of the fact was defective. Modern pathology first traced these results to their origin in the inflammation of the veins.

One question still remains. Why does the passage of pus

into the blood cause the symptoms and lesions I have described?

No satisfactory answer can be made to this question. Pus exercises a poisonous agency on the blood, but in what mode it operates, is uncertain. Some experiments of Cruveilhier made it probable that the numerous abscesses of the viscera may be excited by the stoppage of a globule of pus, in a capillary vessel, which produces an afflux of blood and congestion, which characterize the first stage of these abscesses. But death is not caused by these abscesses alone, for it sométimes occurs before they are formed, or at least while they are only in their forming stage.

Before concluding this subject, I would speak of the condition of the system which resembles the purulent infection of the blood, and which is often confounded with it, but which differs from it in its mode of production and in its result.

Every practitioner knows that an abscess may exist for months and give rise to no constitutional disturbance, so long as the access of air to its contents is prevented. This is the case, for example, with purulent collections depending on caries of the vertebræ, which descend and point in the pelvis or on the thigh. If such an abscess is opened, we find that after a few days the pus which issues from it becomes fetid, especially if it does escape freely, and there appears fever and other constitutional symptoms under which the patient sinks after a longer or shorter period. The condition has some resemblance to the purulent infection of the blood, but is essentially different from it. There is here no suppurative Phlebitis nor passage of pus into the blood, nor do we find after death the numerous abscesses which are characterestic of purulent infection.

The condition I am now describing is attributed by Berard to the absorption of putrid matters in contact with the suppurating surface. So long as this surface produces healthy pus, which readily passes off, no constitutional disturbance occurs; but when the pus remains in contact with the surface, until it becomes fetid, then the fever and other disturbances come on. Berard calls this the *putrid infection* of the blood.

It is often very important to distinguish between these two conditions, and in general the diagnosis is not difficult.

The fever, which is one of the most constant symptoms of putrid infection, is not accompanied by the violent chills which usher in and attend the purulent infection. When this fever is prolonged, it assumes the hectic type.

In putrid infection the digestive organs almost always are affected: the appetite is lost, the stools become loose, and ultimately a colliquative diarrhea sets in. The patients wear away, and become emaciated; the skin assumes a dingy ap-

pearance; they are irritable and sensitive; their countenance is expressive of suffering.

The two conditions differ also in their progress. Some persons have chronic suppuration with putrid absorption, and resist it during months and years. Purulent infection is always fatal within a few days: it never becomes chronic.

They differ besides in the result. Putrid infection can be cured, provided we remove the cause; that is, the presence of fetid pus in contact with the surface in suppuration, whether we do this by preventing the accumulation of the pus as its focus, or by removing the part diseased. Purulent infection is incurable, if we except one or two cases of reputed recoveries among the thousands which are fatal. There are no remedies against it, and where it has once occurred, it is of no importance what is done to the wound in which it had its origin.

No treatment is known for purulent infection of the blood. Something may be done in preventing the suppuration of the veins, but when the accident has happened, all our efforts to arrest a fatal termination will be fruitless. There are one or two cases in which recovery took place, but in these it did not seem to depend on the treatment pursued.—*Transactions of the Medical Society of the State of N. Y. Dr. Hun's Address.*

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2. *Neglect of the study of Insanity by Physicians.*—Many physicians in general practice are, we think, too apt to consider insanity a disease with which they have but little or nothing to do. Hence they often neglect to qualify themselves, by study and careful observation, to treat it properly. Their attention is not directed to it, the same as to other diseases, by lectures in the medical schools, and they seldom purchase and read the best treatises on the subject.

It is very true, that in most cases, when the disease becomes established, it cannot be well treated at home. Patients often become prejudiced against their nearest friends, and will not hearken to their advice nor take any medicine. For these reasons and to remove them from the exciting causes of their disease, as well as to have them treated properly in all respects, it is usually necessary to place them in an asylum. Still there are instances, though they are not common, when none of these objections nor any other exist to the patient remaining at home, and being treated by his ordinary physician. It is therefore very necessary that physicians in general practice, should qualify themselves to prescribe in cases of insanity, as well as in other diseases.

But admitting that no such cases occur, it is still important for them to thus prepare themselves in order to *prevent* insanity, and to *arrest* it in its incipient stage.

We have no hesitation in saying, that if the pysicians of the

country were fully aware of their duty to the community in this respect, and would exert themselves to prevent insanity by timely advice, and to arrest it in its early stage, that they would do those predisposed to insanity and the insane themselves, an amount of good unequalled by that of the asylums of the country.

They should understand and be able to recognize its earliest symptoms, for as has been said, insanity often, and we believe we may say most generally, exists in a slight and scarcely perceptible degree for months, before it is generally noticed. They should know how liable many are to this disease from hereditary predisposition, from previous attacks, long continued menorrhagia or other diseases, from repelled eruptions and extreme nervous susceptibility, and be able to advise such and warn them in time of impending danger. How many cases of puerperal insanity, or of that insanity that comes on after child-birth, might be prevented by timely precautions?

Physicians should study the various causes of mental diseases, and learn the danger of over-excitement of the nervous system, especially in early life by too strong emotions, by prematurely tasking the intellectual powers, by the improper indulgence of the appetites and passions, and by the neglect of moral and religious education; and thus be able to advise parents and others whenever they are pursuing a course likely to lead to this disease.

In this way, physicians would do great good in individual cases, and also very much towards arresting those alarming *epidemic delusions* that occasionally prevail through the country; a lamentable instance of which is within the knowledge of all, known by the name of "Millerism," or the doctrine of the immediate destruction of the world. This has not only sent many to the grave and rendered a vast number insane, but predisposed, we apprehend, a large number, by the excitement and terror it has produced, to nervous diseases and to insanity hereafter.

Physicians are often called upon to give their testimony in relation to the mental condition of individuals, and sometimes in cases where not only property but *life* is at stake. In such cases, their responsibility is very great, and furnishes strong additional reasons for their applying themselves diligently to the study of mental diseases.

The treatise of Esquirol on insanity has recently been translated and published in this country in a cheap form. It is a valuable book, and worthy of a place in the library of every physician. The works of Prichard and Combe, on the same subject, have also been republished here, and are considered standard authorities.—*Report of A. Brigham, Superintendant of the New York State Lunatic Asylum.*

3. *Vascular Tumour at the Orifice of the Meatus Urinarius.*—A report of a case of this painful and troublesome affection, with some interesting remarks by Dr. LEVER, are contained in the *London Medical Gazette*, (Jan. 9th, 1846.)

This disease was first described by Sir C. M. Clarke, (*Diseases of Females*, p. 289.) The patient whose case is related by Dr. Lever, was a woman 67 years of age, who suffered from pain in the urethra, irritability of the bladder, constant inclination to void its contents, obstruction in the passage of the urine, and a sense of scalding during its passage; pain in the pelvis, coursing to the back, hips, and thighs, was also complained of; she was weak, dyspeptic, dispirited, and worn out for want of sleep. Application to various persons for relief was vainly tried, until the true nature of the case was detected at the Chelsea Dispensary. The growth at the time of her admission was of a florid red color, and granulated; it protruded through the meatus urinarius, with the margin of which it was unconnected, but had rather a broad and short stalk attaching it with the canal at the distance of about ¼ of an inch. The slightest pressure caused the tumor to bleed, and the most gentle touch occasioned her exquisite pain. These growths appear to consist almost entirely of vessels and their connecting cellular tissue; they must, however, be abundantly supplied with nerves, from the exquisite suffering they occasion. Sometimes we meet with these growths in form and size like a small mulberry, having a slender stalk protruding through the meatus; sometimes these growths are no larger than a pea; in some cases they pass inwards along the urethra as far as, and even into the neck of the bladder, they seem to have their origin below the mucous membrane, and from the submucous cellular tissue. In forming a diagnosis of these tumors, we must not mistake for them simple polypoid tumors, which are occasionally found arising from within the urethra, and protruding through the meatus; it is true, they dam the flow of urine, the water passes in a small and stifled stream; there may be great efforts to empty the bladder, and if the tumour be long overlooked, the bladder may become thickened, and vesical irritation may ensue, but there is not that exquisite sensibility which is present where there are vascular growths, neither does the polypus so readily bleed. Again, malignant disease occasionally establishes itself at the orifice of the urethra, and this may exist without malignant disease of the uterus and vagina; here, also, there is difficulty in micturition, pain and scalding during the passage of the urine; there is occasional bleeding, and, conjoined with this, or in its absence, a mucous discharge. Occular examination will, however, readily detect the one from the other; in malignant disease there will be found a hardened lobulated tumour, or a cluster of lobulated tumours involving the urethra to a greater

or less degree, diminishing its capacity and almost closing its external opening. And if, in addition to this, malignant disease of the vagina be present, it will greatly assist the diagnosis. Frequently, too, the inguinal glands are enlarged, and the aspect of the patient is characteristic of malignant cachexy. There is another disease to which this part of the female urinary apparatus is liable, viz.: thickening of the cellular membrane around the urethra, with an enlarged and varicose state of the vessels, in which there is a dilated state of the blood-vessels with an hypertrophied condition of the cellular membrane; the urethra for an inch or more behind the meatus is frequently so dilated as to hold some few drops of urine, which may be pressed from it, and which create continued irritation. This state of parts is accompanied by constant uneasiness; there may be pain in sexual intercourse, although for the most part females labouring under this malady have their sexual desires exalted; the uneasiness is increased in the erect posture, there is frequent inclination to evacuate the bladder both by night and by day, a small quantity of urine flowing at a time, and the patient generally feels as if there were more fluid to pass. There is also a slight mucous discharge.

The finger passed into the vagina feels the urethra to be swollen and spongy, and if the disease have lasted for some time, there will be a part from which a few drops of urine may be pressed. When inspected, the part will be found of a dark red colour, and in some cases there is tenderness. Verrucous tumours growing from the vestibulum cannot readily be mistaken for this disease; the former are insensible, their colour resembles that of the part from which they grow, their number varies, they may be solitary, in other instancs there are many, but in all cases there is a mucous discharge.

"Let me advise you," says Dr. L., "in every case in which you are consulted, when the patient makes complaint of symptoms similar to those detailed in this woman's history, not to prescribe or give an opinion without the privilege of a tactile and visual examination. A neglect of these I have known lead the practitioner to commit sad mistakes, and involve himself in great disgrace. One instance I remember to have seen and treated, where the opinion given was, that there was calculus in the bladder. The patient as well as her friends was very properly alarmed; further advice was recommended; the case was investigated, no calculus was present, the sole disease being a vascular growth; this was removed, and the patient has had no return. I have on several occasions seen cases in which carcinoma uteri was suspected from the pain in micturition, the central pains attacking the pelvis and stretching to the back, hips, and down the thighs, and even this disease in some has been declared by the medical attendant to exist, although he had not availed himself of an internal

or visual examination. Be on your guard, therefore; in no case give a hasty or rash opinion; take care not to judge by mere symptoms, without employing the several means of physical diagnosis which in a previous lecture I have detailed.

"Let me now request your attention to the treatment employed in this case; the neck of the tumour was grasped by a pair of forceps, and by means of a pair of scissors the mucous membrane of the urethra involved with the tumour itself was removed. To effect this, the patient should be held firmly, for, if she move, the structure of the growth is so slender that the tumour will tear away; the forceps employed should be broad, not the common artery forceps, for they will lacerate, and not hold firmly. The excision of these growths is frequently accompanied by a pretty copious bleeding; but it is rarely necessary to tie any vessel; a compress applied to the part for a time usually arrests the hemorrhage; this, however, should be looked to, especially if the patient call at your house, and has any distance to go after the operation; some arg. nit. was applied freely to the part from which the tumour was removed. After the slough separated, the wound looked healthy; there was no pain in passing the urine, which flowed in a full stream for some days. On the 7th, the granulations were sprouting: I then directed the clerk carefully to touch the part with arg. nit. dissolved in nit. acid; this I have found to be more potent, and I think less painful (if I may judge by the expressions of the patients,) than the arg. nit.; its effect has been good, and our patient will soon leave the hospital. In those cases where the tumour is of the form of a cherry or mulberry, I find the better plan is to tie a piece of dentist's silk waxed around the stalk, and snip off the tumour below; the silk should not be too thin, or it will cut through, neither should it be tied too tightly for the same reason. When the ligature comes away the stalk must be destroyed in the same way as in the case related; if the mucous membrane itself, and the submucous tissue, be not destroyed, the vascular tumour will most certainly reappear. The most troublesome forms of the complaint that we have to treat are those in which the tumour not only peeps through the meatus, but runs along the urethra, and in some instances passes into the cavity of the bladder; in such, the symptoms of irritation are intense, the stream of urine is as fine as a hair, and the suffering patient attempts to pass her water every three or five minutes. If the disease go on unrelieved, she wastes, becomes dispirited, dyspeptic, and may at last die, worn out by her long-continued and aggravated sufferings. In such cases we cannot remove by scissors or knife the vascular growth within the urethra; the first thing to be done, therefore, is to pass a small sound or catheter to establish a canal for the passage of the urine. However painful this must be, and

agonizing it most certainly is, it must be done; some arg. nit. must then be passed along the track of the urethra, and by its agency the vascular growth must be destroyed; the sound or catheter must be passed every day or every second day according to circumstances, and the arg. nit. repeated as soon as the slough occasioned by its use has separated; it is as well to let the patient keep the sound or bougie in the bladder for half an hour after the application of the caustic.

"This is certainly the most difficult form of the tumour to treat, and unless we succeed in effectually destroying the structure from which the tumour proceeds, we shall most certainly have it reappear. While this treatment is had recourse to, the patient must be closely watched, for I have seen cystitis occasioned more than once by the caustic applied in the manner I have recommended; but this will depend on the constitution and susceptibility of the patient, as well as upon the state of the mucous membrane of the bladder itself.

"Various other modes of treatment have been recommended—the application of the Tr. Iodinæ c. Pulv. Sabinæ, Pulv. Alum, &c. All I have tried, with some I have occasionally succeeded, with all I have many times failed; the plan I adopted in this woman's case is the one I believe to be in the majority of cases the most suecessful.

"When the cause of the continued irritation was removed, this patient's health and spirits quickly recovered, and at the present time she looks remarkably well and lively for a woman of 64."—*Am. Jour. of Med. Sci.*, for April.

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4. *Case of Catalepsy relieved by Music.*—By James Bloodgood, M. D., of Cassapolis, Mich.

I was called in the evening of Sept. 5th, 1843, to see Dorcas Howard, aged 17, of small stature, and florid complexion, who was said to be in a fit. I found her with a full somewhat accelerated pulse, white tongue, costive bowels, flushed face, and completely cataleptic; the muscles of the eyelids, which I believe is unusual in this rare disease, being affected like all the other muscles of voluntary motion, and with this peculiarity, than when closed a slight impulse communicated to one of them, would cause both to open widely, in which state they would remain until an opposite impulse was given, when both would close simultaneously; but such a balance between the opposing muscles as would leave them partially open after the finger was removed, could not be obtained. Her attending physician, Dr. Allen, of Lagrange, where the case occurred, informed me that she laboured under menstrual suppression, and that the attack was preceded by severe headache. As no notes were taken, the previous treatment was forgotten. We applied cups to the temples, directed a blister to the spine, sinapisms to the extremities, cold applications to the head, and

a mixture of jalap and crem. tart. to be kept in the mouth, and which was swallowed involuntarily at intervals through the night.

6th, 9 o'clock. No operation or change in any respect. Having learned that she was extravagantly fond of dancing to the music of a violin, a performer on that instrument was procured, and requested to play one of her favourite tunes, which he did, with immediate and striking effect. Her breathing became hurried and deep, and for a short time she appeared to be making strenuous efforts, like one closely bound, to release herself; she then became quiet, with the exception of the fingers of the right hand, the motions of which corresponded so perfectly with those of the operator's left, as to induce the bystanders to attribute it to mesmerism, which was in high credit here at that time. When the music ceased, she opened her eyes and drank eagerly of water that was presented to her, though still apparently unable to move, and a repetition of the dose, not of water, but of music, restored her to perfect consciousness and volition. Under the operation of a blister to the epigastrium, which was tender, and means to restore the menstrual secretion, she soon recovered, and was subsequently married.

March 23, 1845. I was again requested to see her for a similar attack, which had continued five days without medical treatment, the fiddling having been relied on exclusively. The paroxysms were now of an hysterical character, commencing with convulsions, which became frightful if not arrested; but under the operation of the violin, which had been in use almost constantly by night and day, she passed in a few moments from the convulsive to the cataleptic state, and to consciousness as in the first attack, to relapse almost whenever the music ceased. Bleeding, cupping, blistering and cathartics relieved her in a day or two, and she remained as well as could be expected, with the exception of a threatened abortion, for which she was bled, until the 13th Sept. last, when she was delivered of a small healthy child after an easy labour, and has since remained in perfect health. The effect of music in this case was very remarkable. During her sickness she never had a paroxysm which music would not remove, or which was removed without it, though its effect was only temporary until depletory remedies had been used; and those remedies, however necessary they might be to secure a permanent recovery, were never alone sufficient to relieve a paroxysm.—*Ibid.*

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5. *Electrical Girl.*—M. Arago stated to the French Academy of Sciences, at their meeting on the 16th of Feb. last, that he had been called upon to witness some of the most singular phenomena which he had ever beheld, in the shape of

electric discharges of the most violent character, proceeding from the person of a young girl, aged thirteen, lately submitted to his inspection. This truly remarkable child overturns tables and chairs by merely touching them with her apron. When she sits down, the moment her feet touch the ground, the chair is upset, and she is suddenly propelled with considerable force. M. Arago said he had seen all these experiments, and had not been able to detect any trick. He begged the Academy would appoint a committee to investigate the matter.—*Med. Times*, Feb. 1846.

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6. *On the Exhibition of Ergot of Rye in lingering Labor, and the Conditions for its safe employment.*—[S. Hall Davis, M.D., Lecturer on Midwifery, and Physician to the Maternity Charity, considers that the following conditions should be present in order to render the exhibition of the medicine a safe proceeding:]

1. The soft parts should be lax, and free from heat.
2. With rare exceptions, the orifice of the uterus should be nearly fully dilated, and always dilateable.
3. The pelvic space should present the average dimensions.
4. In head presentations only; in breech and footling cases it is objectionable, on account of the very gradual descent of the presenting parts required for the subsequent passage of the head without risk to the cord. In transverse presentations it is obviously improper.
5. The head should be in an average good position, and not impacted.
6. The inertia of the womb should not have its source in plethora.
7. The absence of any source of irritation in any other organ capable of disturbing the parturient function by reflex action should first be ascertained, as of fæcal accumulation, urine in the bladder, or crude ingesta, which are to be met by their obvious indications of treatment.
8. The uterine inertia should be ascertained not to depend upon disturbance of the nervous functions, from loss of rest, or from depressing emotions.
9. There should not be present any cause of distension of the womb, beyond its power of acting to advantage, as by excessive quantity of liquor amnii or twins.
10. It would not be indicated when the inertia arises from constitutional weakness.
11. It is rarely advisable in primiparæ; much time and slower parturient action being required in these cases.

In short, this remedy being indicated on account of inertia of the womb, arising from the effect of previous distensions, there should be for its safe exhibition, a natural presentation,

a wide pelvis, soft parts relaxed, nothing wanting, in a word, but efficient action of the uterus to finish the labor.—*Ranking's Abstract*, Part II.

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7. *Delivery during Sleep.*—M. Schultze, of Spandow, was called, on the 25th of May, 1844, to a woman pregnant for the fourth time, at full term, and whom he found in so profound a sleep that he could not rouse her, either by shaking her, or by the vapors of ammonia, ether, &c., applied to the nostrils. On the third day of this unnatural sleep, the female was delivered, without awakening, of a male child, at full term, alive and well. On his visit of the morrow, M. Schultze found that his patient had been awake for a short time; she had recovered of herself, and as she had no recollection of what had happened, she appeared much surprised to find herself safely delivered.—*Ibid.*

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8. *Rapid Delivery without Previous Pains.*—Mr. J. B. Prowse in a letter to the "Lancet," relates the following case, as having an obvious bearing on the question of infanticide. "When a pupil, I was engaged by a poor woman to attend her during her accouchment; she was a native of Ireland, and a remarkably fine and well formed person. She had already borne two children. On the day of her delivery I was requested to call on her, for she thought her confinement was near at hand. Her attendants said she was in no pain, but that she appeared uneasy. I waited on her, and found her on the bed, smiling, and expressing a hope that she had not summoned me unnecessarily; but that as she never suffered much in labor, I would excuse her if she was wrong. On examination I was surprised to find the head of the child in the upper part of the vagina, and was puzzled to account for there having been no pains to lead to a suspicion of the real nature of the case. No sooner was my hand withdrawn, and my back turned to speak to the attendants, than there occured one single effort of the uterus, and the child was in the world."—*Ibid.*

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9. *Obstetriciana.*—The title of this paper I use as a sort of *carte blanche*, to ramble where I please, without attempting to write a monograph. The artist who painted a sign with a horse on one side and a bear on the other, finding that the people could not tell the difference, wrote the name under each. This I shall not do with the *dramatis personæ* in these sketches, most of whom are beyond the reach of praise or blame. The "all-atoning power of the grave" generally silences malice itself. But to correct errors affecting health and life, to turn away occasionally from the realms of romance and its imaginary woes, to the realities of life; in a word, to consider the silent but courageous sufferings of woman, with

the aim of lessening evils not wholly removable, are objects of greater importance than the triumphs of Alexander, or the discoveries of Newton.

One of the most unpleasant features in country practice, originates in the great importunity among patients and their friends for delivering with celerity, requiring almost constant efforts, or seeming efforts for this end, otherwise the accoucheur may lose the confidence of all present, perhaps encounter their displeasure. In towns, thanks to the superior intelligence of the ladies, this is seldom the case. The doctor is not perpetually required in the bed-room, unless in certain emergencies. Where nothing is required he does nothing. This importunity leads to the untimely administration of ergot, which causes the death of many children. Many midwives, as ignorant of anatomy as the simple stargazer is of astronomy, desirous of expediting the labor, seize any salient point of the child, or of the organs of generation of the mother—they pull! On the 19th of January, 1832, I was called to see Mrs. M., who had been delivered three days previously by a midwife, who had pulled the external organs so as to cause mortification, from which she recovered with difficulty. Much of the vagina sloughed. Another midwife, in a breech case, pulled by the genitals of a male child, until they were torn off, causing its death in a few days after birth. On the 27th of Nov., 1832, I was called to see Mrs. R., 15 miles distant in the country, whom I had attended with success in a former labor. Mr. R., like some other farmers, kept a set of tools for making shoes in rainy weather. No sooner had he started for a doctor, than the midwife, in whose care he had left his lady, went to the shoemaker's bench and selected a large pair of pincers, with which she seized the skin of the child's head, which had presented in the usual manner; she tore open the vertex, and exposed the brain. When I arrived, after some hesitation, she brought the child from one corner of the room, where it had been covered up, but did not offer any explanation. The child lingered two days in great misery. I doubt whether this woman suffered any loss of practice by this murder. Indeed, the frequent vivisection of children, during childbirth, under pretences of various kinds, is very apt to enhance the reputation of the male practitioner. I could name ladies whose children have been dissected under the pretence that the pelvic bones are deformed, or too narrow, and who since have had large living children, and some of whom I have delivered with the greatest facility myself. For the honor of our profession, it is hoped that such cases are not often met with, though MM. Bayle and Gibert declare, that in France, especially in large cities, the most popular accoucheurs are those possessing the least merit and probity. (*Dict. de Méd., Art. Accoucheur.*)

In obstetrics, ignorance causes more mischief than dishonesty. A very amiable young woman, an only child, during her first labor, had a convulsion, while an old accoucheur of much reputation was attempting to deliver her. In order to prevent her from biting her tongue, her father held her teeth asunder, and, during her struggles, dislocated her jaw. After being attended by two aged accoucheurs and physicians, who gave her sundry medicines without dreaming of a luxation, I was called 37 days after the accident, and reduced her jaw at once. The displaced bones had formed bad ulcers within the cheeks; purges and slops (for of course she could not chew anything during 37 days) had reduced her strength and blooming appearance.

A midwife, very old and celebrated in her vicinity—more than a quarter of a century in practice—seven miles from town (Clarksburg, Virginia), requested my services for "a falling out of the womb," as she called it, in her own person, of thirty years' standing, which, as she related, often became dry, tender, swelled, and so painful as sometimes to cause fainting, and had recently kept her wholly in bed. I found a pudendal hernia, which had descended within the pelvis, opposite the acetabulum, distending the right labium, pushing the vagina to the opposite side, displacing the womb in that direction. The womb was high up, and in all respects natural—a portion of the vagina had descended, covering the intestine. A midwife, ignorant of the position, size, and properties of the womb! her own womb!

Another midwife of much practice (peace to her *manes!* I owe her no ill-will—with her dying breath, she bequeathed to me the obstetrical jurisdiction over her children and grandchildren), made it a rule to keep the patient awake the whole of the first night after an accouchement. She placed watchers at the bed-side to prevent sleep, in order to insure good luck to the mother and child!—a practice as cruel as dangerous, after the tumultuous actions, moral, mental, and physical, incidental to labor—actions followed by exhaustion, for which sleep is the best remedy—actions which lay the foundation of febrile movements, when the rest is disturbed. In such cases Sancho Panza's benediction "on the inventor of sleep" is well merited, as all ought to know. Dr. Rigby, in his obstetrical lectures, says, that in Germany there is an old saying, that a *primipara* [she that is delivered of her first child] ought not to be allowed to sleep for the first twelve hours after her labor. These Germans have some odd notions in New Orleans. In several instances at my first visit after delivery, I have found the children bandaged like mummies from the feet up, including the arms, which are placed against the sides. The whole chest is so tight, that the child sucks with difficulty in some cases. The body is almost rigid from the great amount and

tightness of the bandages. I have never been able to induce the parents to remove them, until after a certain number of days. The theory is a very simple one—the child was crooked before birth, and requires straightening while its bones are soft. It has so happened that these children have done very well; they proved remarkably straight, active, and healthful, in a few cases which I have observed. Perhaps this was accidental.

Not long since, a German midwife, who had delivered a watchmaker's lady ten days before of a child, letting the placenta remain all that period, requested my aid—to bear the responsibility, I ought to say, of the woman's death. She had flooded from day to day; the arteries had ceased to beat in the extremities; she was nearly speechless—could scarcely swallow a little cordial; all the tissues, even the tongue and gums, were cold and blanched. A large placenta, nearly putrid, bathed in fetid blood, lay chiefly in the vagina—a portion extended within the *os tincæ*. It was instantly and easily removed. The woman had bled to death, from a want of *skill* in the midwife.

Those accoucheurs greatly err, in regard to the delivery of the placenta. who say,—leave all to nature. This midwife had left all to nature, simply because she did not know how to deliver the placenta, the cord of which had been broken. Retained *placentæ*, when they fail to cause hemorrhages, sometimes bring on a fever like typhus. Retention, I am inclined to think, is occasioned by hour-glass contractions of the uterus oftner than is generally supposed. It is very surprising that Dr. Dewees never met, in his own practice, with a case of hour-glass contraction. I have met with a number. In two cases, the *placentæ* were retained so long that the ladies, as it were, forced me to deliver, after I tried ergot, &c. In the first case I was completely puzzled, not thinking at the moment of such a condition of the uterus—I explored its inner surface and found nothing—but on pulling the cord, I found it led through a firm strictured aperture, which I overcame according to the rules laid down in such cases; in the next case I found an ossific union between the placenta and the womb —a firm, cancillated network, crushing like the shelled bird's egg,—the whole being separated slowly, was brought away as usual in the hand. Never have I witnessed any pain, or ill effects, from introducing the hand and wrist into the uterus upon such occasions. Retained *placentæ* give rise to putrefactive odor of the most offensive kind: the sooner they can be got away the better for all parties.

Probably no town in the United States of equal population presents so much bad midwifery as New Orleans. Here, unlike other places, the evil of mal-practice falls not on the poor alone, but also on the rich, who often employ negresses that

happen to be lucky. The late Judge Waggaman, formerly of the United States Senate, informed me, that some years since an old, drunken negress, who was a midwife on his plantation, being called to a young black woman in her first labor, took a sharp case knife, and performed the Cæsarean section, taking out a living child! The mother recovered soon, and had no inconvenience of a permanent kind, except a slight incontinence of urine. If this lucky negress had performed this operation for a rational end, obstetrical surgeons might have trembled for their laurels, since, according to Merryman and Blundell, it has been performed only twenty-six times in the British Isles, and has proved fatal to the mothers with but two exceptions.

Nearly all the white midwives of New Orleans are from foreign countries, and, with a very few exceptions, uneducated in their profession; and, as the law is becoming a dead letter, so far as medical practice is concerned, the number is augmenting rapidly. The law has done everything necessary to correct the evils of quackery: it requires in all branches of medicine, and in both sexes, education, examination, and license. The Faculty, or the Medical Board, or both, are to be blamed. It is hoped that they may yet be galvanized into life before all is lost.

"Midwives in France," says Dr. Stewart, "after two year's study at the School of Delivery, and submitting to two satisfactory examinations, receive a diploma to practise, always, however, under certain restrictions, one of which is, that in no case, and under no circumstances whatever, shall they resort to delivery with instruments without the attendance of a physician. They amount, in all France, to 450, and practise almost exclusively among the lower classes of the community." (Hospit. Paris, 1843.) This number, divided into the whole population, will give an average of one midwife to every 75,000 inhabitants; while New Orleans has, probably, one for every thousand,—nineteen in twenty of whom, it is supposed, could not give an account of the bones of the pelvis, or its diameters; of the womb, or its annexiæ; to say nothing of the general mechanism of parturition. In one respect the negresses are more safe than a vast majority of the German and Irish midwives—they will condescend to consult with doctors when difficulties arise, &c.

A few years ago, I was called to the mother of a considerable family, in labor with a monster more extraordinary in size and shape than perhaps any described by the late Geoffrey St. Hilaire—a monster in which it would be difficult to trace that unity of organization which this naturalist has shown to prevail even in the deviations of structure, designated as *lusus naturæ*—being three-legged, four-footed, double-spined, single-ribbed; in the trunk and viscera, single; in heads, necks, and

arms, double; massive, unyielding, and probably weighing twenty-five to thirty pounds. The woman bathed in cold sweat; breathing quick; hiccupping; pulse and vital forces failing. A demented, or, at least, a stupid midwife was pulling by one leg, which she had found. Although there was no hope from the Cæsarean section, or from any source whatever the monster was carefully dissected as far as I could reach—along its posterior spine, corresponding to the maternal spine, to the shoulders of the monster; its anterior spine, corresponding to the maternal symphysis pubis, was removed about halfway up; one arm was obtained with difficulty, but the mass, which lay beyond the reach of instruments, was immovable, and the woman was dying, and soon expired. The Cæsarean section was performed. The four arms, upper part of the trunk, two necks with large heads—the foreheads directly opposite each other, formed a mass like an inverted cone, the apex of which was formed by the presenting parts, or legs,—a mass much of which was quite above the superior strait of the pelvis.—B. Dowler, M. D., *N. Y. Jour. of Medicine.*

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10. *Fascination of Serpents.*—"The serpent's power to charm is regarded with scepticism by a great many, but there are very many authentic instances on record. In Williams' History of Vermont, a high authority, you will find some very interesting facts and comments on this subject; but a case has come within my own knowledge which is worthy of publication and may throw some light upon it. It has generally been believed to be the fascination of the serpent's eye. This may have some effect, for probably there is no living eye which has such piercing brilliancy and fascinating beauty; but I have seen little birds under the spell, fluttering about the snake and drawing gradually, like the infatuated votary of vice, to its deadly tempter. It cannot be this altogether. The snake at such times keeps its head vibrating, its forked tongue darting, and its tail trembling, while the whole body moves like that of a creeping caterpillar. The case alluded to above was related to me by Nehemiah Gallup, a revolutionary veteran who died about a year since, in Groton, Ct. He said that, in the revolutionary war, when attached to Fort Griswold, in that town, opposite to New London, he, in company with a number of other soldiers, went out on a hunting excursion, and finding a rattle snake, some of which are occasionally killed in that town, they fixed their bayonets, and forming a circle amused themselves by teasing him, till they all began to grow giddy and sick, when they killed him. They went on their way, thinking no more about it, but gradually grew worse, and on reaching their quarters were so seriously indisposed as to require medical advice; being troubled with excessive nausea at the stomach and vomiting. The physician

made particular inquiry in reference to their food, &c., for some time previous, when one of them accidentally told of their adventure with the snake. He at once replied that he was no longer at a loss to account for their sickness, and inquired if they perceived any peculiar odor at the time. They each recollected that they did. He replied, 'I have seen on the lines in the State of New York many instances of this kind. That snake was charming you with a stupefying effusion which they emit at pleasure, and had you not despatched him as you did, probably he would have despatched some of you.' He gave emetics and they recovered. 'Many years afterwards,' said Mr. Gallup, 'I went into a room where two rattle snakes were exhibited, and immediately on entering the room, perceived the same odor, though not so strong, and was so sick that I had to leave the room.' I have never seen this idea advanced by any one else. It seems more reasonable than the other and is worthy of consideration."—J. Comstock, in *Boston Medical and Surgical Journal*, May 6.

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11. *Nostrum Certifiers.*—One of the most successful measures adopted by the nostrum mongers to introduce their vile compounds to public notice, is, securing the names of influential persons to certify that extraordinary cures have been performed by the remedy. Thus we find scores of ministers, lawyers, judges, militia colonels, and, we regret to add, even *physicians*, lending their names and influence to such disreputable purposes. Believing it due to the profession that all of its regular members, who so far forget their own dignity and interests as to become the eulogizers of empirics, should be exposed, we have determined to publish, from time to time the names of all such that come under our notice. It is not improbable that, in some instances, the names of physicians may have been used without their consent, if so, we will take great pleasure in stating the fact when duly notified.

The following persons are reported in *Jayne's Medical Advertiser*, and other papers, as giving certificates in favor of the remedies designated:

M. L. Knapp, M. D., Prof. of Materia Medica, in Laporte University; late Physician to the Baltimore Dispensary, certifies in favor of *Jayne's Carminative.*

R. W. Williams, M. D., Modesttown, Va., Clergyman and Physician, certifies for *Jayne's Expectorant.*

Luther Brigham, M. D., Lowell, Mass., certifies for *Jayne's Expectorant.*

John Quigley, M. D., Sheperdstown, Va., certifies for *Jayne's Hair Tonic.*

S. S. Fitch, M. D., 172 Chestnut Street, Philadelphia, for the same.

Wm. Bacon, M. D., Woodstown, N. Y., certifies for *Jayne's Carminative.*

The following names are given as persons who "*are willing to recommend*" *Beckwith's Anti-Dyspeptic Pills:*

Dr. R. C. Bond, Halifax, N. C. Dr. J. Manny, Beaufort, N. C.
Dr. Elijah Crosby, Indiana. Dr. T. J. Johnson, Natchez, Miss.
Dr. J. Y. Young, Tenn. Dr. E. G. Mygatt, Hannibal, N. Y.
Dr. Calvin Jones, Tenn. Dr. W. R. Scott, Raleigh, N. C.
Dr. N. L. Smith, Raleigh, N. C.

Dr. N. H. Edwards, Baltimore, certifies for *Spencer's Pills and Bitters.*

Dr. Mattison, Benton co., Ala., certifies for *Hull's Pills.*

Dr. Wm. B. Baker, Springfield, Ky., certifies for *Wistar's Balsam of Wild Cherry.—Western Lancet* for May.

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12. *Menstruation in an Infant.*—By W. H. Whitmore, Esq., Surgeon, Cheltenham. Among the family of Mrs. M. was a female child, who, from a few days after birth, had the catamenia regularly, at periods of three weeks and two or three days, until she had attained the age of four years and some months, when she died, after an illness of forty-eight hours. She was attended by Dr. Christie, who for more than a year before her decease, had satisfied himself of the fact. The detailed particulars were communicated to me by Dr. Christie, by whose permission I had an opportunity of witnessing the examination of the body.

When laid out for dissection, its great development was very striking—equalling that of a girl 10 or 11 years of age. The mammæ were unusually large, the mons veneris collapsed but well covered with hair, the labia pudendi sparingly so, though of unusual size for a child.

She was of fair complexion; and her hair, which was of a dark brown colour, was very plentiful. In the absence of her periodical ailments, she would enter into all the amusements of children of her own age; but when she was indisposed, she was exceedingly reserved, and would withdraw from all her playful occupations. When interrogated by familiar acquaintances as to her reason for absenting herself on these occasions from the amusements of other children, she would answer that she was indisposed; but when the same question was proposed to her by those with whom she was not intimate, she would merely blush, without making any reply. There were other young females in the same family, but in them the function referred to manifested no irregularity.—*Northern Journal of Medicine* for July, 1845, in *Medical Examiner.*

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13. *Obstetrics.—Case of Vaginal Pregnancy.*—On the 13th of January, 1839, the author of this communication visited a young woman, pregnant for the first time. He found her ex-

ceedingly debilitated, with a very feeble pulse, and scarcely able to articulate. For the last four months she had been constantly confined to her bed. About the fourth month of pregnancy, she had been attacked by strong bearing-down pains, and been relieved by an antispasmodic mixture. At this period a tumour made its appearance posteriorly in the vagina, and had since increased considerably in size. On examination, this tumour was found to be of the volume of a hat crown, protruding between the thighs of the patient, and dragging forward the rectum. One arm was projecting from an orifice below the vagina, and from this it was judged that the fœtus was in a state of putrefaction. The arm was twisted off, and by the use of the hook, the fœtis was readily extracted from its containing cavity, care having been taken to pull from below upwards towards the patient's abdomen. The placenta adhered very firmly to the vagina, and from the dread of hemorrhage no attempt was made to remove it. The tumour was now very much reduced in size; aromatic fomentations, with acidulated decoction of cinchona, internally, were prescribed. Two days afterwards the patient died. The fœtus was of the male sex, and from seven to eight months old. In this case of extra-uterine pregnancy, the author assumes that the ovum had originally been introduced into the uterus, and had since, about the third or fourth month, dropped into the vagina, and there been developed to its ultimate volume.—*London Medical Times, in Ibid.*

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14. *Premature Interments.*—It is stated that the cases of premature interment in France, prevented by fortuitous circumstances, amount, since the year 1833, to 94. Of these, 35 persons awoke of themselves from their lethargy at the moment the funeral ceremony was about to commence; 13 recovered in consequence of the affectionate care of their families; 7 in consequence of the fall of the coffins in which they were inclosed; 9 owed their recovery to wounds inflicted by the needle in sewing their winding sheet; 5 to the sensation of suffocation they experienced in their coffin; 19 to their interment having been delayed by fortuitous circumstances; and 6 to their interment having been delayed in consequence of doubts having been entertained of their death.—*Prov. Med. and Surg. Jour. in Ibid.*

Erratum.—Page 115, 4th line from top, for *right* read *left*.

TO READERS AND CORRESPONDENTS.

In order that we may supply future subscribers with all the numbers of this volume of the Journal, we wish to preserve as many as possible of those first published. Post Masters, with uncalled for numbers in their offices, and Physicians not wishing to subscribe, or to retain such as they have received, will, therefore, confer a favor by returning them to the publishers.

To our Contributor, Dr. STAHL, we tender our thanks for two interesting articles; one of which, the "Case of the bite of a Mad Dog, and its Treatment," we publish in this number, the other, on the use of "Sulphate of Quinine in the congestive modifications of Scarlet Fever and Measles," will appear in our next.

We have received: –

The Practice of Surgery, by JAMES MILLER, F. R. S. E., F. R. C. S. E., Professor of Surgery in the University of Edinburgh, Surgeon to the Royal Infirmary, Author of the Principles of Surgery, &c. &c. Philadelphia: Lea & Blanchard. 1846. pp. 496. (From the Publishers. For sale by Brautigam & Keen, Chicago.)

A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis, intended to simplify the study of the diseases of the Lungs and Heart, by H. M. HUGHES, M. D., Fellow of the Royal College of Physicians, Assistant Physician to Guy's Hospital, etc. Philadelphia: Lea & Blanchard, 1846. pp. 270. (From the Publishers. For sale by Brautigam & Keen, Chicago.)

Lectures on the Operations of Surgery, and on the diseases and accidents requiring operations, by ROBERT LISTON, Esq., F. R. S. Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the Hospital. With numerous additions by Thomas D. Mutter, M.D., Professor of Surgery in Jefferson Medical College, &c. &c. &c. Philadelphia: Lea & Blanchard. 1846. pp. 565. (From the Publishers. For sale by Brautigam and Keen, Chicago.)

On Diseases of the Liver, by GEORGE BUDD, M.D., F. R. S., Professor of Medicine in King's College, London, and Fellow of Caius College, Cambridge, with colored plates and numerous wood cuts. Philadelphia: Lea & Blanchard. 1846. pp. 392. (From the Publishers. For sale by Brautigam & Keen, Chicago.)

Clinical Lectures on Surgery, delivered at St. George's Hospital by Sir BENJAMIN C. BRODIE, Bart., V. P. R. S., Sergeant-Surgeon to the Queen, Surgeon in Ordinary to his Royal Highness Prince Albert, etc. etc. etc. Philadelphia: Lea & Blanchard. 1846. pp. 352. (From the Publishers. For sale by Brautigam & Keen, Chicago.)

The Influence of Tropical Climates on European Constitutions, by JAMES JOHNSON, M. D., Physician to the late King, etc., and JAMES BARNALD MARTIN, Esq., late Presidency Surgeon, and Surgeon to the Native Hospital, Calcutta. From the Sixth London Edition, with notes by an American Physician. New York: Samuel S. & William Wood, 261 Pearl Street. 1846. pp. 624. (From the Publishers.)

A Manual of Chemistry, by RICHARD D. HOBLIN, A. M., Oxon. Author of a Dictionary of Terms used in Medicine and the Collateral Sciences. New York: Samuel S. & William Wood, 261 Pearl Street 1846. pp. 335. (From the Publishers.)

Five Dissertions on Fever, by GEORGE FORDYCE, M. D., F. R. S., Fellow of the Royal College of Physicians, &c. &c. Second American Edition with an introduction. Philadelphia,: Ed. Barrington & George D. Haskell. 1846. pp. 403. (From the Publishers.)

The above valuable works, for which we are much indebted to the Publishers, will hereafter receive due notice.

The Catalogue of Books on Medicine. Anatomy, Surgery, Midwifery, Chemistry, Agriculture, &c. &c. &c. for sale by Samuel S. & William Wood, 261, Pearl street, New York, gives the titles of a rare and most extensive assortment of works

upon these subjects, and is worthy the attention of all who may wish to purchase.

We have received also—

The Boston Medical and Surgical Journal to May 27th, (in exchange.)

The New York Journal of Medicine and the Collateral Sciences, for May. (In Exchange.)

The New York Medical & Surgical Reporter, for April and May. (In Exchange.)

The Medical Examiner to May, with back Numbers. (In Exchange.)

The Bulletin of Medical Science for May. (In Exchange.)

Southern Medical & Surgical Journal for May. (In Exchange.)

The Western Lancet & Medical Library enlarged and improved. (In Exchange.)

The Western Journal of Medicine & Surgery for May. (In Exchange.)

The Missouri Medical & Surgical Journal for April. (In Exchange.)

The Buffalo Medical Journal for April. (In Exchange.)

Third Annual Report of the Managers of the State Lunatic Asylum, (New York) made to the Legislature, January 23d, 1846.

Twenty-fifth Annual Report of the Bloomingdale Asylum for the Insane, for the year 1845.

An Introductory Lecture delivered by G. S. Bedford, A. M., M. D., Professor of Midwifery in the New York University.

Catalogue of the Faculty and Students of the Medical Department of the University of the State of Missouri, for 1845–6.

Whole No. Students, 92. Graduates 29.

Also, Catalogue of the Trustees, Officers and Students of Indiana Medical College, (Medical Department of Laporte University.)

Whole No. of Students, 81, viz; Students in Chemistry, 10—Practitioners in and around Laporte, 5—Druggists, 2—Law Student 1=18—18 from 81 leaves 63 Medical Students—of these, 18 are set down as pupils of Prof. Meeker, and 17 as those of Prof. Richards, 18 & 17=35,—35 from 63 leaves 28 for the rest of the Faculty and the Profession at large.

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